



APPLICATION FOR SINGLE-RESIDENTIAL MAINLINE EXTENSION

Date		Estimated Date Gas Service Required	
Responsible Party		Project Address	
City		Zip	
County		Subdivision Name	
Legal Description		Phone	
Cell Phone		Fax Number	
Mailing Address		City	
Zip		Email Address	
Contact Person (if different from above)		Contact Phone	

Please contact your local Planning and Zoning Department for address assignment or verification and Authorization for Utilities

You must provide the following information:

Copy of Recorded Plat and Warranty Deed

Type of construction

Single Family Dwelling

Manufacture Home

Appliance Checklist

Gas Heat

Heated Square Footage

Gas Water Heat

Gas Range Hookup

Gas Dryer Hookup

Gas Fireplace

Is there any additional information that NMGC requires to complete your request?

Name _____ Date _____

Please print/fax or email to your local office