

Fax: 1-509-837-5990

Email: [ncsc@cngc.com](mailto:ncsc@cngc.com)

CASCADE NATURAL GAS  
METER SET FAX REQUEST

Requestor Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Billing Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Contact Number: \_\_\_\_\_

**Service Address:**

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cross Street: \_\_\_\_\_

Date of Request: *(Please allow 2 to 3 days lead time)* \_\_\_\_\_

**\*\*\*Please note: We will make 1 attempt to set meter on date requested.\*\*\***

Dealer No.	Appliance	Make	Model	BTU Rating
	Furnace:			
	Furnace:			
	Water Heater:			
	Fireplace:			
	Range:			
	Boiler:			
	BBQ:			
	Other:			

Heating Contractor: \_\_\_\_\_

Dealer Key: Yes  No

Plumber: \_\_\_\_\_

The house piping must be attached to the meter bar. Is it attached? Yes  No

The meter bar must be level? Is the meter bar level? Yes  No

**\*\*\*Please note: If these two things are not completed, the Service Mechanic will not complete order.\*\*\***



**\*\*\* Complete this section for multiple requests only \*\*\***  
*Billing information provided on page one of this request will be used  
for all the service addresses requested below*

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dealer No.	Appliance	Make	Model	BTU Rating
	Furnace:			
	Furnace:			
	Water Heater:			
	Fireplace:			
	Range:			
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	BBQ:			
	Other:			

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dealer No.	Appliance	Make	Model	BTU Rating
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Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dealer No.	Appliance	Make	Model	BTU Rating
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Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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	BBQ:			
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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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