

**Lancaster County Natural Gas Authority**  
P.O. Box 949 • 1010 Kershaw-Camden Highway  
Lancaster, South Carolina 29721  
(803) 285-2045  
APPLICATION FOR GAS SERVICE LINE

Name \_\_\_\_\_

Address of Service \_\_\_\_\_

Telephone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Owner of Property       Yes       No      Is this a Rental Property?       Yes       No

**TYPE OF EQUIPMENT THAT WILL BE USING NATURAL GAS: (Check all that apply)**

Gas Pack    Logs    Duct Furnace    Space Heater    Waterheater    Stove    Dryer    Gas Grill

Total BTU Load \_\_\_\_\_ Type of System:    7 Inches    2 lb.    5 lb.    Other \_\_\_\_\_

Contractor Name and Number \_\_\_\_\_

Directions to Property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments of Applicant: \_\_\_\_\_

\*\*\*\* IMPORTANT NOTICE \*\*\*\*

**\*\* Lancaster Co. Natural Gas Authority will not be liable for any damage to private utilities (septic tank lines, water lines, power lines, etc.) That cannot be located or was not made aware to us prior to installation of the above requested service line. Applicants must locate these utilities or notify our construction department prior to installation of the service lines.**

**\*\* Upon approval of application, and when your gas equipment or house piping is ready to take gas, your service line will then be scheduled and installed as soon as possible.**

**\*\* The service line will be installed at a location that will be accessible by the gas authority at all times. (Ex. not inside fence, under deck, etc.)**

Date \_\_\_\_\_ Signature of Owner \_\_\_\_\_



**Lancaster County Natural Gas Authority Meter Application**

Applicant's name or Business \_\_\_\_\_ Service Start Date \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ Phone # \_\_\_\_\_

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

Billing Address \_\_\_\_\_

Employer & Phone # \_\_\_\_\_

Have you ever been a customer of Lancaster Co. Natural Gas Authority? \_\_\_\_\_

If yes, at what address? \_\_\_\_\_

Do you rent or own? \_\_\_\_\_

If you rent, give Landlord name & phone \_\_\_\_\_

Name & phone of nearest relative not living with you \_\_\_\_\_

Spouse's name \_\_\_\_\_

Spouse's Employer & phone \_\_\_\_\_

Spouse's Soc. Sec. # \_\_\_\_\_ Spouse's Driver's Lic. # \_\_\_\_\_

**I certify that all of the above information is complete and accurate. I further understand that providing false information may result in denial or termination of natural gas service. I hereby give my permission to examine my past payment history if deemed necessary by Lancaster County Natural Gas Authority. I have read, understand, and agree to comply with the above regulations of Lancaster County Natural Gas Authority as written on back of application.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_