

City of Cohasset New Utility Line Account Application Form

Name to appear on service bill: _____
(Last name) (First name) (Middle initial)

Address at which service is requested: _____

Telephone #: _____

Mailing address if different than service address: _____

Telephone #: _____

Services to be connected (circle): Gas-main Gas-secondary Water Sewer

Type of natural gas appliances (circle): Furnace Hot Water Heater Cook Stove Dryer
Fireplace Other _____

Desired gas line installation date: _____

The undersigned owner of the property identified above, desiring to have utility service extended to the above location and in consideration of the fact that a substantial investment is required to make this extension to provide service, understands that the cost of the service installation or any relocations thereof is his/her full financial responsibility. I also understand that I am responsible for any unusual costs regarding this installation such as concrete removal or line boring. The city will determine whether the main gas line is in a location that this service may be utilized. By signing this agreement, I agree to hook up to gas service within one (1) year of line installation. If gas service is not operational and consuming natural gas within one year, I will be responsible for all charges of line installation.

CUSTOMER SIGNATURE _____ DATE _____
