## APPLICATION FOR NON-RESIDENT NATURAL GAS CONNECTION

Name:		Date:
Address:		Phone:
System. Include within your	reasons that you are requesting connect explanation, the intended use of the pro- e are health reasons involved, please in	operty, i.e. Single-family residential, Multi-
"Request for Annexation". If must obtain an "Annexation" be completed, signed by all of the original returned to the C The undersigned acknowledge	Annexation is not currently permissible Waiver" from the City Clerk-Treasurer where of the property, recorded with the lerk-Treasurer's office before a Connection.	applicable extension costs and connection
Signature of Property Owner	Signature	e of Property Owner
☐ Health Issue: ☐ Co	FOR UTILITY USE ONLY onnection Approved   Connection	Denied (State Reason):
☐ No Health Issue: ☐ The Applicant(s) has/have been instructed to appear before the Utility Service Board at its next regularly scheduled meeting to present the natural gas extens plan for their approval.		
	I will present the Applicant(s) natural Board at its next regularly scheduled in	gas extension plan to the Utility Service meeting for their approval.
	My recommendation is to: ☐ Appro	ove
	Jasper Municipal Gas Department, Manager	Date
Approved by the Utility Serv	ice Board this day of	
	Chairman, Utility Service Board	
ATTEST:		
Secretary, Utility Service Bo	ard	

A copy of the Application shall be returned to the Applicant and must be presented to the Utility Business Office when the Gas Connection Permit is obtained. The Gas Department shall maintain the original.