Attachment A PSID#:				Columbia Gas [*] of Virginia		
	ct name:				NiSource Company	
	tion#:esentative Name:					
Kepi	esentative Name.	 				
1.	Project/Company Name					
	Project Address:					
		Hours of Op				
	Gas Need Date		Anticipate	d Site Ready Date		
2.	Building square footage		_ Required Del	ivery Pressure		
	(See requirements on pr	essure requ	ests on Attachi	ment B)		
3.	Square footage of building heated by natural gas					
4.	Contact Information:	Name:				
		Address	:			
		E-Mail:				
		Phone:				
New Gas Equipment			# of Units	Connected BTU/hr	<u>Total BTU/hr</u>	
Space	heat Equipment:					
Exam	ple: Rooftop Units		4	100,000	400,000	
					-	
Wate	r Heat:					
				·		
		<u> </u>				
	Equipment:					
Exam	ple: Heat Treat Oven		1	5,000,000	5,000,000	
D ''						
Boile	<u>rs</u> :					

Additional Information:

Columbia Gas New Business Telephone # 1-800-440-6111 Fax # 1-866-213-4377 www.columbiagasva.com

Total Load