



Proposed Commercial Deposit Data

(please fill all the details below)

Type of service: _____
(New, Unseal, Reinstall, Change Meter)

Date of Request: _____

Date surveyed: _____

Business Name: _____

Address: _____

Contact person(s): _____

Telephone #: _____
(Landline/Cell)

Email address: _____

Business type: _____
(Restaurant, Bar, Café etc.)

Equipment Type: _____
(list all equipment to be used)

Hours of use per day: _____
(ONLY usage hours)

Days of use per month: _____

INTERNAL USE ONLY:

Facilitator:

Recommended pipe size:

Est. monthly bill:

Security Deposit:

Equipment Load:

JAMAL SQUIRES – Technical Officer

Recommended Deposit:

Given by:

Date:

Comments:
