

Customer pulse service request form



Please check utility: Wisconsin Gas LLC Wisconsin Electric - Gas Operations

Account name: _____

Service address: _____

City, state, ZIP: _____

Customer contact name: _____

Customer contact phone: _____ Customer contact fax: _____

Account number: _____ **Meter number:** _____

- Please provide pulse signal device service for the meter above.
(Service will commence effective the 1st of the month when all tariff requirements have been met.)

- The meter above is a current transportation service or interruptible sales service customer with telemetry in place.
(Fee will be \$400 initial installation and \$.10/day ongoing fee.)

- The meter above is not a current transportation customer or interruptible sales service customer with telemetry in place.
(Fee will be \$1,650 initial installation and \$.10/day ongoing fee.)

- Please discontinue our current pulse signal device service for the meter above.
(Service will be discontinued effective the 1st of the upcoming month with at least a three business day notice from receipt of this request.)

Requested by

Customer name (print): _____ Title: _____

Customer signature: _____ Date: _____

Note: Application must be made in advance of requested start date to insure all administrative and tariff requirements are met. Please call your Gas Service Manager or the Transportation Center at 800-664-0007 for information. **Fax this form to 414-221-5354.**