

# TOWN OF WALDEN



*"North Park...Walden...Moose Viewing Capital of Colorado"*

P. O. Box 489, 513 Harrison Street, Walden, Colorado 80480

Telephone: 970.723.4344 Fax: 970.723.4671 Gas Line: 970.723.4662

## UTILITY APPLICATION

- NEW APPLICATION    TRANSFER SERVICE    NAME CHANGE  
 ADD/REMOVE CUSTOMER

DATE: \_\_\_\_\_

(Of move in/out, purchase date, or request for service date)

NAME: \_\_\_\_\_

(If applicable: Former Name: \_\_\_\_\_)

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SALE  RENT - LANDLORD INFORMATION:

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(If applicable: Previous Address: \_\_\_\_\_)

EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER TELEPHONE: \_\_\_\_\_

NEAREST RELATIVE NOT LIVING WITH YOU:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**A DEPOSIT IS REQUIRED AND WILL BE CREDITED TO YOUR ACCOUNT AFTER ONE YEAR OF CONSECUTIVE GOOD PAYMENT.**

ASSIGNED ACCOUNT NUMBERS: GAS \_\_\_\_\_ WATER \_\_\_\_\_

**NOTIFICATION  
TOWN OF WALDEN GAS UTILITY  
BURIED LINE RESPONSIBILITY**

The US DOT requires operators of gas distribution systems to notify all customers about the maintenance of *customer-owned buried piping*. This notification should be sent one time to each customer. [*Department of Transportation regulations at 49 CFR Part 192.16*]

The Town of Walden Gas Utility is not responsible for maintaining *anything* downstream of the gas meter. If you have underground gas lines after the meter, you should have them periodically checked for leaks or corrosion. Any problems you find should be promptly repaired.

The gas utility cannot do this work. We will refer you to local plumbing or heating contractors who can assist in locating, inspecting, and repairing your buried piping and other gas facilities.

*Customer Acknowledgement*

I understand the Town of Walden gas utility *is not responsible* for any buried service lines or gas piping downstream of my meter.

Customer name: \_\_\_\_\_

Service address: \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_