INVOICE

FITZGERALD WATER LIGHT AND BOND
P.O. Box 667
FITZGERALD, GA 31750

(229) 426-5400

TO: SHIRLEY WALLER
232 EL HARRIS RD
FITZGERALD, GA 31750

INVOICE NO: 58611
DATE: 10/22/26

CUSTOMER NO: 1983/2071 TYPE: RO - RESIDENTIAL COUNTY BenHil

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1.00	MDSE - Appliances SERIAL# WD UA 047199 Inventory item selected for charge code: AP-60000163021 Quantity: 1.00 351-RE199EP	1,414.97	1,414.97
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163011 Quantity: 1.00 PIPE COV ENCL 4 R75L	187.13	187.13
1.00	MDSE - Appliances Inventory item selected for charge code: AP-60000163032 Quantity: 1.00 PLUMBING INSTALLATION KIT	75.38	75.38
1.00	Sales Tax	134.20	134.20

TOTAL DUE: $1,811.68

PLEASE DETACH AND SEND THIS COPY WITH REMITTANCE

DATE: 10/22/26 DUE DATE:11/02/26
CUSTOMER NO: 1983/2071

NAME: WALLER, SHIRLEY
TYPE: RO - RESIDENTIAL COUNTY BenHil

REMIT AND MAKE CHECK PAYABLE TO:
FITZGERALD WATER LIGHT AND BOND
P.O. Box 667
FITZGERALD GA 31750

INVOICE NO: 58611
TERMS: NET 10 DAYS

AMOUNT: $1,811.68

GA Rebate −200.00

$1,611.68

FITZGERALD UTILITIES

PROPANE SAFETY CHECK FOR RESIDENTIAL CUSTOMERS

№ 003024

Account Number 1983

Name Shirley Waller

Address 232 El Harris Rd
425-3971

Call Date: 10/29/26

Date Requested: 10/31/26

Instructions: Adjust Water heater & run line

Telephone Office: _____ Home: _____

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6	7
Manufacturer			Rinnai				
Model No.			RE199e				
Serial No.			WD. UA-047199				
Location			Exterior				
BTU	000	000	199 000	N/A	N/A	000	000
Age			new				
Manual Shutoff (Installed/Existing)			installed				
Venting			gd				

TANK/CYCLINDER Existing tank

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	Last Test Date	Location	Tank Cond.	Paint	Pigtail	Fittings	Gauge	Relief Valve Cond.	Relief Valve Date	Relief Valve Cap	Fittings Leak Test
														5min

PIPING/REGULATOR OPERATION/CONDITION

		PIPING MATERIAL	PIPING SIZE	REGULATOR DATE CODE	REGULATOR CONDITION	MFR.	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE
SINGLE STAGE		copper	1/2	6/24	good	Regs	LV404B4	Level	Done	11 IN. WC
TWO STAGE	1ST									PSIG
	2ND									IN. WC

SYSTEM LEAK TEST

		Start Pressure	End Pressure	Time Held	System OK
SINGLE STAGE		(Inches W.C.) 11	(Inches W.C.) 11	5min	✓OK
TWO STAGE	1ST	(PSIG)	(PSIG)		
	2ND	(Inches W.C.)	(Inches W.C.)		

Comments: _____

This inspection covers (propane/LP-Gas) items and equipment visible and accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal working of sealed equipment, or structural components, and cannot be construed to cover future defects or unforseen happenings.

Reference Invoice No. INFUS74520 Date 10/31/26 (Mo. Day Yr.)

I, Shirley Waller (Please Print)

- Know how to turn off gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received the Consumer Safety Information.
- Had gas system deficiencies and / or corrections, if any, clearly explained to me.
- Am satisfied with the service work performed.

Shirley Waller
Customer's Signature

I, Chris Woods (Please Print)

Certify that I have completed the System Check as prescribed

Performed Odor Test ☐ Yes

Performed Pressure Test ☐ Yes

Left Consumer Safety Info ☐ Yes

Delivery Man / Technician Signature

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