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3117 Veterans Parkway S.  
Moultrie, GA 31788  
(229) 985-6942

NAME Susan German RT# \_\_\_\_\_ RT. SEQ. \_\_\_\_\_ ACCT # 1-18905 DATE 11/30/24 INT 8A

MAILING ADDRESS \_\_\_\_\_ CO. \_\_\_\_\_ CITY \_\_\_\_\_

ADDRESS 2812 Davis Rd #7 APT/LOT NO. \_\_\_\_\_

CITY Tifton STATE GA ZIP CODE 31723

## NEW CUSTOMER INFORMATION

S.S. NO. \_\_\_\_\_ DELV \_\_\_\_\_  
HOME PH \_\_\_\_\_ RENT \_\_\_\_\_  
WORK PH \_\_\_\_\_ CREDIT \_\_\_\_\_  
LITE PILOT \_\_\_\_\_ PC \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
DR. \_\_\_\_\_ USE \_\_\_\_\_ LEASE \_\_\_\_\_

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED \_\_\_\_\_

email: \_\_\_\_\_

cell # \_\_\_\_\_

PAY BILL ONLINE @congerlpgas.com

## DIRECTIONS:

TANK PICKUP/SET	TANK SIZE	SERIAL #	TANK %	TANK DESTINATION	DOT PERMANENTLY INSTALLED CONTAINERS				
					MANUFACTURED DATE	LAST TEST DATE	SIZE	SERIAL #	% FULL

QTY	APPLIANCES / EQUIP. SOLD-PARTS/MATERIAL USED	MODEL #	SERIAL NUMBER	UNIT PRICE	SALES AMOUNT
	<u>Repair - RE 140EP</u>	<u>RE140EP</u>	<u>SKUA-149030</u>		<u>605.05</u>
	<u>Pipe Cover</u>				
	<u>Installation Value Kit</u>				

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD
	MAKE:	MODEL:	PARTS/MAT. USED
	DATE CODE:	VENT:	TANK RENT

## SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE

SERVICEMAN TO COMPLETE IN PRESENCE OF CUSTOMER:		LEAK AND PRESSURE TEST			SALES TAX		
1) STORAGE SYSTEM INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 58 <input type="checkbox"/>		HIGH:	1st Stage	2nd Stage	LOW		
2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A. PAMPHLET NUMBER 54 <input type="checkbox"/>		START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C.	LABOR
I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.		TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.	<u>GPC</u>
		AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.	<u>GR</u>
		PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.	<u>(400.00)</u>
X _____		PIPING PRESSURE TEST			INV. TOTAL		<u>253.45</u>
CUSTOMER SIGNATURE		START	PSIG	FINISH	PSIG	AMOUNT RECEIVED	

THE USE AND CARE OF THE APPLIANCES AND EQUIPMENT HAVE BEEN EXPLAINED TO MY SATISFACTION. I ALSO ACKNOWLEDGE RECEIPT OF THE CUSTOMER COPY EXPLAINING THE SAFETY FEATURES OF SUCH EQUIPMENT ON THE REVERSE SIDE.

SERVICE REP. SIGNATURE

DATE

X

CUSTOMER SIGNATURE

WHITE/FILE COPY; YELLOW/CUSTOMER COPY; PINK/POSTING COPY; BLUE/OFFICE COPY