



146 S. Ridge Ave.
Tifton, GA 31794
(229) 386-5574

Application ☒ Rinnai ☐ GPC
Gas Check ☐ Warranty ☐ Inv ☒
New Cust Pkg ☐ 5 Yr ☐ Letter ☒
Lease/Rent/Amt 4 / 4 / 20

INVOICE / WORK ORDER NO.

112269

it Blvd. 3117 Veterans Parkway S.
174 Moultrie, GA 31788
22 (229) 985-6942

NAME Wanda Golden Roberts RT# _____ RT. SEQ. _____ ACCT # 1-22872 DATE 12/2/24 INT Y

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 4712 Woodland Dr. East APT/LOT NO. _____

CITY Tifton STATE GA ZIP CODE 31794

SERVICE REQUESTED: ☐ CASH ☐ CHARGE DATE PROMISED _____

NEW CUSTOMER INFORMATION

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

email: wgolden11@gmail.com
cell # 229-460-3621

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>Rinnai RSC 199cp</u>	<u>RRBA-083137</u>			<u>1299.95</u>
	<u>Rinnai RSC 199cp</u>	<u>PM.BA. 305054</u>			<u>1299.95</u>
<u>2</u>	<u>Service Valve Kits</u>				<u>1.00</u>

WORK PERFORMED:	REGULATION INFORMATION		APPLIANCES/EQUIP. SOLD	CODE	
	MAKE:	MODEL:	PARTS/MAT. USED	<u>NH</u>	<u>1299.95</u>
	DATE CODE:	VENT:	TANK RENT	<u>NH</u>	<u>1299.95</u>

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		<u>8</u> %	<u>08</u>	<u>104.00</u>
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>	<u>GR</u>	<u>(400.00)</u>
	AFTER 10 MINUTES: PRESSURE	PSI	PSI	AFTER 10 MINUTES: PRESSURE	W.C.	<u>GPC</u>	<u>GR</u>	<u>(400.00)</u>
	AS LEFT:	PSI	PSI	AS LEFT:	W.C.			
X _____ CUSTOMER SIGNATURE			PIPING PRESSURE TEST			INV. TOTAL	<u>2,007.90</u>	
			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

CUSTOMER SIGNATURE