

129556

NAME Lewis Taylor Farms RT# _____ RT. SEQ. _____ ACCT # 01-18161 DATE 7/20/26 INT AP
(Scooterville)

MAILING ADDRESS _____ CO. _____ CITY _____

ADDRESS 300 Scooterville / Tiffin Rd APT/LOT NO. _____

CITY Omega STATE GA ZIP CODE 31775

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: Charles E Lewis Taylor Farms, Ga.
cell # 229-382-4454

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
1	RE160eP		WB GA 012885		999.95

WORK PERFORMED:	REGULATION INFORMATION	APPLIANCES/EQUIP. SOLD	CODE
	MAKE: _____ MODEL: _____		999.95
	DATE CODE: _____ VENT: _____	PARTS/MAT. USED _____	
		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 ☐ 2) ALL APPLIANCES INSTALLED IN COMPLIANCE WITH N.F.P.A PAMPHLET NUMBER 54 ☐ I HAVE RECEIVED A SCRATCH AND SNIFF BROCHURE AND THE ODOR CHARACTERISTICS HAVE BEEN DEMONSTRATED TO ME.	X	HIGH:	1st Stage	2nd Stage	LOW	LABOR
START LOCK-UP:	PSI	PSI	START LOCK-UP:	W.C.	LABOR	
TANK OFF: PRESSURE	PSI	PSI	TANK OFF: PRESSURE	W.C.	GPR	GN (200.00)
AFTER 10 MINUTES:	PSI	PSI	AFTER 10 MINUTES:	W.C.		
PRESSURE AS LEFT:	PSI	PSI	PRESSURE AS LEFT:	W.C.		
CUSTOMER SIGNATURE _____						INV. TOTAL
START _____ PSIG FINISH _____ PSIG						AMOUNT RECEIVED
						879.95

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 _____