



ALLEGHENY COUNTY AIRPORT AUTHORITY

REQUEST FOR ADDITIONAL UTILITY SERVICE

DATE _____ TENANT _____

LOCATION _____

SCOPE OF WORK _____

TYPE OF SERVICE REQUIRED - CHECK REQUIRED ITEMS

_____ Domestic Water - Cold	_____ Domestic Water - Hot	_____ Chilled Water
Pressure _____ PSI	Pressure _____ PSI	Pressure _____ PSI
Flow _____ GPM	Flow _____ GPM	Flow _____ GPM

_____ Natural Gas	_____ HVAC
Pressure _____ LB/oz.	Flow _____ CFM
Flow _____ CFH	

CONTRACTOR NAME: _____

Contractor Telephone No. _____ Construction Start Date _____

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THIS SECTION TO BE COMPLETED BY COUNTY MAINTENANCE DEPARTMENT

SERVICE AVAILABLE: _____ YES _____ NO

ADDITIONAL MECHANICAL EQUIPMENT REQUIRED: _____ YES _____ NO

_____ Pump _____ Fan

Pick-up Point for Tenant: _____

APPROVAL - ENGINEERING DEPT.

APPROVAL - PROPERTIES DEPT.