



# 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.