

## Enbridge Gas New Brunswick – Referral Form

### **Property Owner Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- Yes, I would be interested in additional information
- Yes, I would be interested in being contacted for a no obligation consultation with an Enbridge Gas New Brunswick representative
- Gas pipeline is accessible or pipeline construction is in progress
- Unsure if accessible to gas pipeline

### **Property Type:**

- Residential       Residential (3 units or more)       Commercial

### **Current Heat & Hot Water on Property:**

Forced Air Furnace	Boiler	Water Heater	Heat Pump	Electric Baseboard
<input type="checkbox"/> Electric	<input type="checkbox"/> Electric	<input type="checkbox"/> Electric	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Oil	<input type="checkbox"/> Oil	<input type="checkbox"/> Oil		
<input type="checkbox"/> Wood	<input type="checkbox"/> Wood			

### **Considering Converting to Natural Gas:**

<input type="checkbox"/> Heat	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Fireplace
<input type="checkbox"/> Cooktop	<input type="checkbox"/> Range	<input type="checkbox"/> Dryer
<input type="checkbox"/> Pool Heater	<input type="checkbox"/> Generator	<input type="checkbox"/> Wall Heater
<input type="checkbox"/> BBQ	<input type="checkbox"/> Wall Oven	<input type="checkbox"/> Other: _____

### **Referrer Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

- EGNB Employee       Customer       Other: \_\_\_\_\_

Please return completed form to:

Mark Murray  
[mark.p.murray@enbridge.com](mailto:mark.p.murray@enbridge.com)

Or by mail: Enbridge Gas New Brunswick, 440 Wilsey Road, Suite 101, Fredericton, NB, E3B 7G5