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PROPANE CUSTOMER QUESTIONNAIRE

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

NEW ADDRESS IF MOVING: _____ CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____ E-MAIL ADDRESS: _____

HAVE YOU BEEN A CUSTOMER WITH KEY COOPERATIVE PREVIOUSLY? YES NO
IF YES, PLEASE LIST NAME ON THE ACCOUNT: _____
COMMENTS: _____

DO YOU OWN THE PROPERTY OR RENT? OWN RENT
IF RENTING, LANDLORD'S NAME AND PHONE NUMBER: _____
IF PURCHASING, NAME OF PREVIOUS OWNER: _____
IF BUILDING, EXPECTED COMPLETION DATE: _____

IS THERE A TANK CURRENTLY ON THE PROPERTY? YES NO
IF YES, IS THE TANK (CHECK ONE) KEY COOPERATIVE TANK CUSTOMER OWNED

KEY COOPERATIVE'S BUDGET BILLING PROGRAM BEGINS IN JUNE AND ENDS IN MAY

PROPANE OPERATIONS (CHECK ALL THAT APPLY): RESIDENTIAL CORN DRYING AG HEATING MISC.

TANK INFORMATION:

SIZE: _____ REGULATOR 1: _____
SERIAL #: _____ REGULATOR 2: _____
TANK YEAR: _____ GPS COORDINATES: _____

APPLIANCES (CHECK ALL THAT USE PROPANE):

FURNACE WATER HEATER STOVE/OVEN FIRE PLACE CLOTHES DRYER

NUMBER OF PEOPLE IN HOUSEHOLD: _____

HOME SPECS (SQUARE FEET):

FIRST FLOOR: _____ AVERAGE CEILING HEIGHT: _____
SECOND FLOOR: _____ OTHER HEATED AREAS: _____
THIRD FLOOR/BASEMENT: _____

PLEASE CHECK ONE: AUTO SCHEDULE WILL CALL
INTERESTED IN BUDGET BILL? YES NO

RETURN TO: KEY COOPERATIVE – PROPANE DEPARTMENT