

Date: December 14, 2021
File #: 21 - 323080
Folder Name: 657 CANTON ST
PIN: 112823430118

WARNING 47720

AN UNSAFE CONDITION HAS BEEN DETECTED IN YOUR GAS EQUIPMENT
CORRECTIONS MUST BE MADE BY A QUALIFIED PERSON OR AGENCY
IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS
AND IN CONFORMITY WITH LOCAL REGULATIONS.

TYPE PLACED ON: RANGE WATER HEATER FURNACE OTHER WATER

FURTHER USE OF THE EQUIPMENT IN ITS PRESENT CONDITION IS
DANGEROUS AND THEREFORE THE GAS SUPPLY HAS BEEN SHUT OFF.

<input type="checkbox"/> LEAK OR DEFECT IN GAS PIPE	<input type="checkbox"/> APPLIANCE NOT INSTALLED TO
<input type="checkbox"/> GAS LEAK IN GAS APPLIANCE	<input type="checkbox"/> COOL
<input type="checkbox"/> NO VENT PIPE	<input type="checkbox"/> CONTROLS DEFECTIVE OR
<input type="checkbox"/> DEFECTIVE VENT PIPE	<input type="checkbox"/> MISSING
<input type="checkbox"/> NOT VENTED PROPERLY	<input type="checkbox"/> NO SAFETY PILOT OR IS
<input type="checkbox"/> VENT OR CHIMNEY	<input type="checkbox"/> DEFECTIVE
<input type="checkbox"/> STORAGE	<input type="checkbox"/> FAULTY ELECTRIC WIRING
<input type="checkbox"/> IMPROPER DRAFT CONVERTER	<input type="checkbox"/> NO RELIEF VALVE OR IS
<input type="checkbox"/> IMPROPER VENT SIZE	<input type="checkbox"/> DEFECTIVE
<input type="checkbox"/> POSSIBLE LEAKAGE OF FLUE	<input type="checkbox"/> IMPROPER GAS PIPING
<input type="checkbox"/> PRODUCTS IN WARM AIR	<input type="checkbox"/> COMBUSTION PRODUCTS
<input type="checkbox"/> CIRCULATION	<input type="checkbox"/> SPILLING AT DIVERTER
<input type="checkbox"/> UNAPPROVED APPLIANCE	<input type="checkbox"/> OTHER CONDITION WHICH IS
	<input type="checkbox"/> HAZARDOUS

APPLIANCE FLEX LINE THROUGH

NAME John PHONE # _____

ADDRESS 657 CANTON ST APT. # _____

CITY ST LOUIS MO

REMEMBER, YOU NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE
CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT
BEING CORRECTED.

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN
UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES AND
THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION
CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO
THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE [Signature] DATE 12/14/21

OWNER TENANT AGENT

XCEL ENERGY

Form 17-2852 (3-01) SERVICE PERSON # _____

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