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PROPANE CUSTOMER QUESTIONNAIRE

NAME		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP
NEW ADDRESS IF MOVING	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	E-MAIL ADDRESS	

HAVE YOU BEEN A CUSTOMER WITH KEY COOPERATIVE PREVIOUSLY? YES NO

IF YES, LIST NAME ON THE ACCOUNT: _____

COMMENTS: _____

DO YOU OWN THE PROPERTY OR RENT? OWN RENT

IF RENTING, LANDLORDS 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 TANK

KEY COOPERATIVE'S BUDGET BILLING PROGRAM BEGINS IN OCTOBER AND ENDS IN SEPTEMBER

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

TANK INFORMATION:

SIZE: _____ REGULATOR 1: _____

SERIAL #: _____ REGULATOR 2: _____

TANK YEAR: _____

APPLIANCES (CHECK ALL THAT USE PROPANE):

FURNACE WATER HEATER STOVE/OVEN FIREPLACE CLOTHES DRYER SWIMMING POOL

IS YOUR GARAGE HEATED? YES NO **# OF PEOPLE IN HOUSEHOLD (USING WATER HEATER):** _____

HOME SPECS (SQUARE FEET):

FIRST FLOOR: _____ AVERAGE CEILING HEIGHT: _____

SECOND FLOOR: _____ OTHER HEATED AREAS: _____

THIRD FLOOR/BASEMENT: _____

PLEASE CHECK ONE

INTERESTED IN BUDGET BILL? AUTO SCHEDULE WILL CALL

ARE YOU NEW TO PROPANE SERVICE? YES NO NO

RETURN TO: KEY COOPERATIVE - PROPANE DEPARTMENT