Snyder Fuel Service Inc.
PO Bx 420/7432 Main St
Newport, NY 13416-0420
(315)845-8742

SERVICE INVOICE

Account Number: 102660

Posted Date: 09/03/2026
Invoice Number: W142302
Invoice Total: $5,695.00
Payment Amt:

Deborah Bates
1029 Bull Hill Rd
Cold Brook, NY 13324-9801

Terms: Net 30 Days

2.0% Finance Charge Per Month On Accounts Past 30 Days

Please tear along perforated line and return top portion with your payment. Thank You!!

Service Address: 1029 Bull Hill Rd
Cold Brook

Date	Invoice#	Loc#	Description	Qty	Price	Total Amount
09/02/2026	W142302	1	Removed old furnace and replaced with	1.00	$0.00	$0.00
09/02/2026	W142302	1	a new Thermopride unit	1.00	$0.00	$0.00
09/02/2026	W142302	1	Thermopride gas furnace	1.00	$5,695.00	$5,695.00

1.5% Finance Charge Per Month On Accounts Past 30 Days

Invoice Total: $5,695.00

Pring Date: 9/10/2026
Terms: Net 30 Days

Account Number: 102660

Deborah Bates

Snyder Fuel Service Inc.
3158458742

102660 -1

LP Gas Consumer Installation Record

Name Deborah Bates Installation/Inspection Date 9/2/26

Street 1029 Bull Hill Rd City Cold Brook State NY Phone 315-845-8325

	Furnace	Kitchen Range	Water Heater	Clothes Dryer	
Manufacturer	Thompride	Whirlpool			
~~Serial~~/Model Number	CMA4-75D36W	WFG374LHS2			
BTU Rating	75000	propane			

DU4145 29

POSTED

System or equipment "Red Tagged" due to condition or because subject to recall? ..... ☐ Yes ☒ No

If yes, explain/identify _____

Is each vented type of appliance vented to the outside air? ..... ☒ Yes ☐ No

Any unvented space heaters installed in bedrooms? ..... ☐ Yes ☒ No

If yes, is each such heater equipped with an oxygen depletion safety shutoff system? ..... ☐ Yes ☐ No

Size of tank(s) 2-420 ~~BW240~~ 590833 495982

Tank(s) located 1 feet from closest building.

Tank(s) mounted on substantial, non-combustible base? ..... ☒ Yes ☐ No

Any sources of ignition within 10 feet (5 feet for cylinders in exchange service)? ..... ☐ Yes ☒ No

	Starting Pressure	Ending Pressure	Time Held (Minutes)	Leak Free? (Yes or No)
Leak Check	9	9	10 min	11.5 Flow 12.5 Cubtop

Service Line is: Iron Pipe 3/4 Copper Tubing 1/2 Plastic _____ Other _____

Piping or tubing is buried and/or protected from damage? ..... ☒ Yes ☐ No

Does the service line enter the structure above ground? ..... ☒ Yes ☐ No

If no, is it sealed or installed in gas tight conduit? ..... ☐ Yes ☐ No

Any unused gas piping outlets indoors? ..... ☐ Yes ☒ No

If yes, is each unused gas piping outlet fitted with a gas tight threaded plug or cap? ..... ☐ Yes ☐ No

Single Stage or First Stage Regulator Date Code _____ Second Stage Regulator Date Code 12/10

All regulators located outdoors are installed or protected so operation will not be affected by the elements (for example, freezing rain, sleet, snow, ice, mud, or debris)? ..... ☒ Yes ☐ No

All regulators properly secured? ..... ☒ Yes ☐ No

Second stage regulator located outdoors? ..... ☐ Yes ☒ No

If not, is the vent outlet piped out of doors? ..... ☐ Yes ☒ No

Is regulator vent discharge located at least 3 feet horizontally away from any building opening below the level of the discharge? ..... ☒ Yes ☐ No

By signing I, Deborah Bates (Customer's Name) acknowledge:

- I understand how to turn off my supply of gas in case of emergency.
- I have smelled propane and can detect its odor.
- I have received consumer safety information and an odor sniff sample.
- I have been advised to install a combustible gas detector.
- Any deficiencies and/or corrections necessary have been clearly explained to me.

Customer Sign Deborah Bates Date 9-2-26

Service Technician Sign Gilbert Stutzman Date 9-2-26

This inspection is expressly limited to LP gas piping and equipment visible and accessible to the service technician and reflects the conditions existing at the time of the inspection.

When additional supply of this form is needed, write **Federated Insurance Companies**, 121 East Park Square, Owatonna, MN 55060, or call: 1-800-838-1760. Copies are provided free of charge to Federated policyholders.