



## **GAS SERVICE DISCONNECT REQUEST**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ACCOUNT #:** \_\_\_\_\_

(IF AVAILABLE)

**LEVEL BILLING**      \_\_\_\_\_ **YES**                      \_\_\_\_\_ **NO**

**DISCONNECT DATE:** \_\_\_\_\_

**FORWARDING ADDRESS: (REQUIRED)**

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, do hereby agree to pay the total amount of my final utility bill including any delinquency fees.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_