



GAS SERVICE DISCONNECT NOTICE

NAME: _____

ADDRESS: _____

PHONE: _____

ACCOUNT # (IF AVAILABLE): _____

LEVEL BILLING _____ **YES** _____ **NO**

DISCONNECT DATE: _____

NEW ADDRESS: _____

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

SIGNATURE: _____

DATE: _____