

Deactivation of Gas Service Request Form

Date: _____



**Know what's below.
Call before you dig.**

Please check one of the following requests:

- Disconnect** and remove **all** propane tank(s) and facilities
- Disconnect all** natural gas facilities located within the entire property listed below
- Only **turn off** propane or natural gas meter
- Only **turn off** and remove meter, other facilities remain
- Only disconnect facilities within a portion of the property. (Please give additional details or site plan)
- Temporary disconnect. Customer requires gas service to be reactivated within 6 months of disconnection

(An FPU representative will be notified to coordinate proper handling of reconnection.)

This is a formal request to disconnect or verify no FPU's gas facilities as indicated above for the location below:

Single Street Address (Required) City Zip Code

Structure Description, Lot, Block, Subdivision (Optional)

Comments (Optional)

Property/Parcel Control Number (PCN) (Not required by FPU)

Requested By: Print Name (Required) Signature (Optional)

Phone/Cell (Required)

Florida Public Utilities Use Only (below this point)

FPU NATURAL GAS request indicated above has been completed or is not involved within the premises on:
_____ (Date)

Natural Gas Signature: _____ Title: _____

FPU PROPANE GAS request indicated above has been completed or is not involved within the premises on:
_____ (Date)

Propane Gas Signature: _____ Title: _____

S.O.C.O.#S _____ Gas availability in area SRC Available

Please submit your completed form via fax: 855.212.5011