



DEACTIVATION OF NATURAL GAS SERVICE REQUEST

Date _____



Know what's below.
Call before you dig.

Please check one of the following requests:

- Disconnect all** natural gas facilities located within the entire property listed below
- Only **turn off** 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 _____ State _____ Zip _____

Structural 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 _____

Please submit your completed form via customercare@chpk.com

