

# Request for either Service Cut-Off or No Gas Service Letter

To initiate your request for service cut off or a no gas service letter, please provide us with the following contact information:

Property Street Address: \_\_\_\_\_

Property City/Town: \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Property Owner Phone Number \_\_\_\_\_ Property Owner Email \_\_\_\_\_

Site Contact Name \_\_\_\_\_

Site Contact Phone Number \_\_\_\_\_ Site Contact Email \_\_\_\_\_

- Please check this box if you do not have gas service and are requesting a No Gas Service Letter. You do not have to fill out the remainder of this form and can proceed to the bottom of this page for signature and date.

Prior to National Grid initiating service cut-off or providing gas utility sign off, customers will need to:

- **Schedule a meter removal.**

The meter must be removed before service can be disconnected. Please call Customer Service at **1-800-732-3400** to schedule this. **Note: Removing the meter does not mean the service line has been cut off.**

**Earliest Cut-Off Date** (See Note) \_\_\_\_\_

(NOTE: Because National Grid must obtain a permit approval for any excavation work required, the requested cutoff may require additional time for permitting or moratoriums.)

Is the service cut-off request due to a demolition?  Yes  No

Is this the only building located at this address?  Yes  No

Have you contacted customer service to have **all** your meters removed?  Yes  No

Are you requesting gas be reconnected in the future\*?  Yes  No

\*Plan for any associated costs. Customers are responsible for the cost of service reconnection or installation, as well as any restoration requirements from the municipality.

By signing below, I certify that I am the owner of the property. If it is determined that I was not, in fact, authorized to request this cut-off, I shall defend, indemnify, and hold National Grid harmless against any costs and liabilities arising out of or related to this cut-off request including, without limitation, reimbursing National Grid for its costs related to cutting off and reinstating service.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_