

CITIZENS GAS UTILITY DISTRICT

I request to be taken off: Level Billing: _____

Or:

I request that my gas be locked off: _____ (Charge to lock off is \$25.00)

I request that my meter be pulled and gas line killed: _____

I request that my meter be pulled and tank removed: _____

Account #: _____

Name on Account:

911 Address to be locked off:

Address to mail final bill to:

Signature:

Date: _____