

## TURN OFF SERVICE REQUEST FORM

### SITE INFORMATION

Site Number:		LOCATION TYPE:	
Site Name:		REGION:	
Entity Name:		DIVISION:	
Federal Tax ID Number:		GL SITE #:	
Site Address 1:		Account Address 1:	
Site Address 2:		Account Address 2:	
Site City:		Account City:	
Site State:		Account State:	
Site Zip:		Account Zip:	
Site Contact Name:		Existing Billing Address 1:	
Site Contact Title:		Existing Billing Address 2:	
Site Contact Telephone:		Existing Billing Address 3:	
Site Contact Fax:		Existing Billing Address 4:	

### LANDLORD INFORMATION

Leased Location:	YES / NO	Landlord Name:	
Lease Start Date:		Contact Number:	
Lease End Date:		Contact FAX:	
New Tenant:		Contact Email:	
Sublet:	YES / NO	Address 1:	
		Address 2:	
Owned Location:	YES / NO	City:	
Sale Date:		State:	
New Owner:		Zip:	

### SERVICES

Turn Off Date:			
Require Meter Removal:	YES / NO		
Utility Service Type	Vendor Name	Account	Meter

Special Instructions

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Send completed forms to [operations@vervantis.com](mailto:operations@vervantis.com) for processing.