

## TURN OFF SERVICE REQUEST FORM

### SITE INFORMATION

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Site Number:</td><td></td></tr> <tr><td>Site Name:</td><td></td></tr> <tr><td>Entity Name:</td><td></td></tr> <tr><td>Federal Tax ID Number:</td><td></td></tr> </table>	Site Number:		Site Name:		Entity Name:		Federal Tax ID Number:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">LOCATION TYPE:</td><td></td></tr> <tr><td>REGION:</td><td></td></tr> <tr><td>DIVISION:</td><td></td></tr> <tr><td>GL SITE #:</td><td></td></tr> </table>	LOCATION TYPE:		REGION:		DIVISION:		GL SITE #:					
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### LANDLORD INFORMATION

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Leased Location:</td><td style="width: 20%;">YES</td><td style="width: 20%;">/ NO</td></tr> <tr><td>Lease Start Date:</td><td colspan="2"></td></tr> <tr><td>Lease End Date:</td><td colspan="2"></td></tr> <tr><td>New Tenant:</td><td colspan="2"></td></tr> <tr><td>Sublet:</td><td>YES</td><td>/ NO</td></tr> </table>	Leased Location:	YES	/ NO	Lease Start Date:			Lease End Date:			New Tenant:			Sublet:	YES	/ NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Landlord Name:</td><td></td></tr> <tr><td>Contact Number:</td><td></td></tr> <tr><td>Contact FAX:</td><td></td></tr> <tr><td>Contact Email:</td><td></td></tr> <tr><td>Address 1:</td><td></td></tr> <tr><td>Address 2:</td><td></td></tr> <tr><td>City:</td><td></td></tr> <tr><td>State:</td><td></td></tr> <tr><td>Zip:</td><td></td></tr> </table>	Landlord Name:		Contact Number:		Contact FAX:		Contact Email:		Address 1:		Address 2:		City:		State:		Zip:	
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### SERVICES

Turn Off Date:			
Require Meter Removal:	YES	/ NO	

Utility Service Type	Vendor Name	Account	Meter

Special Instructions