

REQUEST FOR DISCONNECT OF SERVICE:

JAMES BROWN, GAS SUPERINTENDENT

A copy of the record deed book and page verifying ownership	must accompany this request.
CUSTOMER INFORMATION:	
NAME OF OWNER:	
SERVICE LOCATION:	
CONTACT NUMBER (S):	
WMGLD ACCOUNT NUMBER:	
ELECTRIC METER NUMBER:	
GAS METER NUMBER:	
I (we) hereby request that Wakefield Municipal Gas and Light I property and understand there is a $$50.00$ fee with each type 6	•
SIGNATURE:	DATE:
ELECTRIC DIVISION:	
THE ELECTRIC SERVICE AND METER (S) TO THE PROPERTY LISTE	
SIGNATURE:	DATE:
PAUL REMOND, ELECTRIC SUPERINTENDENT	
GAS DIVISION:	
THE GAS SERVICE TO THE PROPERTY LISTED ABOVE HAS BEEN	REMOVED.
DIGSAFE #:	DIG DATE:
SERVICE DISCONNECT METHOD:	DATE:
SIGNATURE:	DATE:

NOTE: ONCE THE SERVICES OF WMGLD HAVE BEEN REMOVED, A COPY OF THIS REQUEST, PROPERLY SIGNED, WILL BE AVAILABLE AT OUR OFFICE LOCATED AT 480 NORTH AVE., WAKEFIELD, MA 01880.

IT IS THE REQUESTER'S RESPONSIBILITY TO SUPPLY A COPY TO THE TOWN OF WAKEFIELD BUILDING DEPARTMENT TO OBTAIN THEIR DEMOLITION PERMIT.