



REQUEST FOR DISCONNECT OF SERVICE:

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 Department disconnect its services from the above listed property and understand there is a \$50.00 fee with each type of service removed.

SIGNATURE: _____ DATE: _____

ELECTRIC DIVISION:

THE ELECTRIC SERVICE AND METER (S) TO THE PROPERTY LISTED ABOVE HAS BEEN REMOVED.

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: _____

JOHN RILEY, GAS SUPERINTENDENT

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.