



## 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.