



**CITY OF LANCASTER
UTILITIES COLLECTION OFFICE
NOTICE OF SERVICE
TERMINATION OR SUSPENSION REQUEST**

Account Number: _____ Date of Request: _____

Customer Name: _____

Owner Name: _____

Service Address: _____

Billing Address: _____

Phone Number: _____ Fax Number: _____

SERVICE TO BE TERMINATED OR SUSPENDED

GAS

WATER

The address that utility service is to be terminated is a:

<input type="checkbox"/>	Single family residence	<input type="checkbox"/>	Duplex/triplex
<input type="checkbox"/>	Non-residential building		
<input type="checkbox"/>	Apartment building(s); number of dwelling units: _____		

Is the service address to be terminated or suspended **completely unoccupied**? Yes _____
No _____

Reason for termination or suspension:

_____ Foreclosure – **Until the following document is received, the Property Owner is responsible for utilities until the deed transfers:**

_____ Letter from bank telling us you are no longer responsible for property. Letter must be on the bank's letterhead and should include date that you left property. If this date is not included in the letter we will need to final your account as of the date we received the letter and you will be responsible for any unpaid bills prior to the date we receive this completed form.

Has the home been winterized? Yes _____ No _____

Name of company that winterized: _____

Has Gas Meter been removed? Yes _____ No _____

Has Water Meter been removed? Yes _____ No _____

Pull Gas Meter? Yes _____ No _____

_____ Bankruptcy: Case # _____ File Date: _____

Note: Services will be shut off and gas meter will be removed. \$150.00 deposit required for future service.

_____ Owner request service terminated while occupied by tenant.

Note: Tenant must be given a 10-day notice and owner charged a \$20 trip charge.

_____ Owner request services terminated between tenants
\$20 trip charge, per trip, to turn on and off; if Gas off more than 60 days pressure
- test required by certified plumber. The Lancaster Utilities Collection Office
shall not comply with requests for a seasonal turn-on/off to any unit on a
temporary, seasonal basis.

Required Termination or Suspension

Under penalty of perjury and to induce the city to terminate or suspend utility service to the address listed herein, I certify that I have personal knowledge that the information given herein is accurate. I further certify that each service address affected by the requested termination or suspension either is unoccupied or, if occupied, that an adult consumer actually residing at each service address affected must sign this form below, with proper identification, before a witness.

I acknowledge, and intend to comply with, the termination of natural gas service to the affected water heater(s) whenever the water supply is discontinued, interrupted or disconnected. The Lancaster Municipal Gas Department recommends natural gas service termination, to any natural gas appliance, be performed by an individual or qualified plumber familiar with the safe operation of the unit.

Signature of customer requesting termination

Date

Signature of customer requesting termination

Date

Additional consumers may sign on the back of this form. If no consumer signs, the customer requesting termination or suspension must give the city employee access to the premises to verify vacancy before termination. **A responsible adult must have access to each service address at the time service is to be restored.**