



RESERVE GAS COMPANY, INC.

13441 RAILROAD STREET • PO BOX 207 • ALDEN, NY 14004-0207

Phone: (716) 937 - 9484 • Fax: (716) 937 - 9488

Serving the Community Since 1924

SHUT OFF VERIFICATION FORM

CUSTOMER NAME: _____

CUSTOMER # _____ SS # (Last 4-Digits): _____

EXISTING SERVICE ADDRESS: _____

TELEPHONE NUMBER WHERE YOU CAN BE REACHED: _____

ADDRESS FOR FINAL BILLING: _____

DATE SERVICE IS TO BE TERMINATED: _____

TODAY'S DATE: _____

CUSTOMER SIGNATURE: _____
(MUST BE PERSON WHO IS RESPONSIBLE FOR BILL)

PLEASE NOTE: If there is another party moving into your house or apartment, a service application with Reserve Gas Company, Inc. must be filed by the new party before gas service can be transferred into their name. If this service application is **not** on file with us on or before that shut off date, gas service will be terminated to the residence until said application is filed.

THANK YOU!

FOR OFFICE USE ONLY

<input type="checkbox"/> Address	<input type="checkbox"/> Telephone	<input type="checkbox"/> New Service Application	Entered: _____	Field Initials: _____
<input type="checkbox"/> Final Read Only	<input type="checkbox"/> Final Read & Pull Meter	<input type="checkbox"/> Final Read, Shut Off & Lock	Meter Read: _____	