



City Gas Co.

PHONE (715) 627-4351
809 FIFTH AVENUE • P.O. BOX 370
ANTIGO, WISCONSIN 54409-0370

AUTHORIZATION TO DISCONNECT SERVICE

I, _____, hereby authorize
the disconnection of natural gas service to the following addresses:

_____ Acct# _____	_____ Acct# _____
_____ Acct# _____	_____ Acct# _____
_____ Acct# _____	_____ Acct# _____

As a result, I hereby release and discharge City Gas Company and its officers from
any and all claims or demands which may arise from the disconnection of gas service to the
above property(ies) including but not limited to burst water pipes and damaged appliances.

Signature

Date

**** office use only****

Rental: Yes ☐ No ☐

RH ☐ RS ☐

Landlord Name: _____

Address: _____

Phone: (____) _____ - _____

Date Notified: ____/____/____ By: _____

Authorized by: _____

Checked for non-occupancy on ____/____/____ By: _____