

City of Palo Alto Utilities

SNG

Suspension of Natural Gas Service

1. Please Select One:	Residential	Multi Family	Commercial		
Service Address:				Palo Alto, CA 9430	
Account Number:	-			of Units:	
2. Applicant					
Name:					
Address:					
(if different from above)					
Phone:		E-m	nail:		
3. Property Owner					
News					
Name: Address:					
(if different from above)					
Phone: E-mail:			nail:		
I hereby declare that I am the o	wner, or agent of the	e service address listed a	above and authorize the su	spension of Gas	
			I wish to reopen this Gas		
considered NEW, as such, I will be	·		•		
Utilities application requirement	~	• •	•		
installation fee, application fees,	, building permit rees	and inspection rees. W	y signature is notanzed be	iow.	
I certify under penalty of perjury	that the foregoing is	s true and correct.			
Signature of Owner/Agent:				Date:	
4. Notary Block					
State of California County of					
State of California, County of:					
On before mean appeared	e,	perso	nally		
personally known to me (or proved	to me on the basis of s	atisfactory evidence) to th	e person(s)		
whose name(s) is/are subscribed to		_			
he/she/they executed the same in h					
signature(s) on the instrument the percent executed the instrument.	person(s) or the entity (upon benair of which the p	erson(s) acted,		
WITNESS my hand and official se	eal. Signa	ture of Notary			
ROUTE FORM TO: Utilities Custo	mer Service, 2nd floo	•		329-2161	
Reviewed By :		Da	ate:		