



## DISCONNECT REQUEST NATURAL GAS

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APPLICANT NAME

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SERVICE ADDRESS

CITY / STATE

ZIP

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SOCIAL SECURITY NUMBER

ACCOUNT NUMBER

You are required to show a Government issued ID  
before the Service will be disconnected.

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DISCONNECTION DATE

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REASON FOR DISCONNECTION OF SERVICE

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FORWARDING ADDRESS

CITY / STATE

ZIP

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PHONE NUMBER (HOME)

PHONE NUMBER (CELL)

By signing this Disconnection Request, I acknowledge that I am authorizing The City of Pikeville Natural Gas permission to terminate my service and permanently close my account.

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SIGNATURE OF APPLICANT

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DATE

*Print Form*

*Download Form  
Email to:  
PikevilleUtility@Bledsoe.net*