

**REQUEST FOR VOLUNTARY DISCONTINUANCE OF PGW GAS SERVICE
FROM A LANDLORD UNDER 66 PA.C.S. § 1523(b)**

I, _____, the undersigned landlord, hereby represent and warrant that all of the
(Print Name)
affected dwelling units served with natural gas under the property address listed below are either unoccupied or all of the tenants
affected by the proposed discontinuance have consented below, in writing, to the proposed discontinuance of gas service.

Check this box if this is a single family dwelling *(Print complete property address)*

CONSENT OF TENANTS AFFECTED BY DISCONTINUANCE

NOTICE TO TENANTS: By signing below, you have consented and agreed to your landlord's request for discontinuance (shut off) of PGW gas service at the property listed above and at your apartment on the date printed below.

| | | |
|--------------------|------------|-----------|
| Apartment / Unit # | Print Name | Signature |
| Apartment / Unit # | Print Name | Signature |
| Apartment / Unit # | Print Name | Signature |
| Apartment / Unit # | Print Name | Signature |
| Apartment / Unit # | Print Name | Signature |

Please provide additional pages as needed for all tenants.

DATE REQUESTED FOR DISCONTINUANCE OF SERVICE: _____
(Allow at least three (3) days from PGW's receipt of this completed form for service discontinuance.)

NOTICE TO THE LANDLORD:

As set forth at 66 PA.C.S. § 1523(B)(1) the information provided by you in this form will be relied upon by the Pennsylvania Public Utility Commission in administering a system of uniform service standards for public utilities and false statements on this form are punishable criminally.

THIS FORM *MUST* BE SIGNED AND NOTARIZED FOR SUBMITTAL.

Sworn to and subscribed before me:

this _____ day of _____, 20 _____

Signature of Landlord *Date*

Notary Public

(Please Print First, Middle Initial and Last Name)

Landlord's Address and Phone Number

P.O. Box Number / Street Address

City *State* *Zip Code*

(Area Code) *Telephone Number*

Submit this completed and signed form to:

PHILADELPHIA GAS WORKS
CORRESPONDENCE DEPARTMENT
P.O. BOX 3500
PHILADELPHIA, PA. 19122