



Company Name:

Address:

Postcode:

CNG Reference:

Name:

Position within company:

Contact Telephone number:

What is the current reading on the meter?

Why is the site not using gas?
.....
.....

How long will gas not be used?

Where would you like any correspondence sending?
.....
.....

Who owns the property? What are their contact details?.....
.....
.....

I would like a quote to remove my gas meter (Yes) or (No)

Email Address.....

I will be moving to another gas supplier (Yes) or (No)

Name of new supplier:

I confirm that the information provided on this form is correct and complete, that the gas meter is turned off and that I will contact CNG in the event that gas usage resumes.

Signed:

Name:

Date: