



# DEACTIVATION OF PROPANE GAS SERVICE REQUEST

Date \_\_\_\_\_



Know what's below.  
Call before you dig.

**Please check one of the following requests:**

- Disconnect** and remove **all** propane tank(s) and facilities
- Only **turn off** propane gas meter
- Only **turn off** and remove meter, other facilities remain
- Only disconnect facilities within a portion of the property. *(Please give additional details or site plan)*
- Temporary disconnect. Customer requires gas service to be reactivated within 6 months of disconnection. **An FPU representative will be notified to coordinate proper handling of reconnection.**

**This is a formal request to disconnect or verify no FPU's gas facilities as indicated above for the location below:**

Single Street Address **(Required)** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Structural Description, Lot, Block, Subdivision *(Optional)* \_\_\_\_\_

Comments *(Optional)* \_\_\_\_\_

Property/Parcel Control Number (PCN) *(Not required by FPU)* \_\_\_\_\_

Requested by *(Print Name)* **(Required)** \_\_\_\_\_

Signature *(Optional)* \_\_\_\_\_

Phone/Cell **(Required)** \_\_\_\_\_

**Florida Public Utilities Use Only (below this point)**

**FPU PROPANE GAS** request indicated above has been completed or is not involved within the premises on:

Date \_\_\_\_\_

Propane Gas Signature \_\_\_\_\_ Title \_\_\_\_\_

S.O.C.O.#S \_\_\_\_\_  Gas availability in area  SRC Available

**Please submit your completed form via email to [CSSharpEnergy@chpk.com](mailto:CSSharpEnergy@chpk.com)**

