

For office use only: **Job ref number** _____

Gas supply disconnection form

1. Site address / site contact

Name _____

Organisation _____

Address _____

_____ **Postcode** _____

Telephone _____

Mobile _____

Email _____

2. Customer details / correspondence address (if different to site address)

Name _____

Organisation _____

Address _____

_____ **Postcode** _____

Telephone _____

Mobile _____

Email _____

3. Details about this disconnection (please tick circles where appropriate)

Is this a single or multiple disconnection?

Single **Multiple**

If this is a multiple disconnection, please give details of the addresses and number of properties (use separate sheet if necessary)

Meter point reference number (MPRN) number(s)
(this can be found on your gas bill)

Please note we need your MPRN number to proceed. Your request may be delayed without it

If you ask for your property’s gas supply to be disconnected, you must make sure that the meter has been removed before the disconnection is carried out. You’ll need to contact your gas supplier to do this. If you don’t know who your supplier is, please visit [findmysupplier.energy](https://www.findmysupplier.energy) or contact **0870 608 1524** (this service is provided by National Grid and calls to this number will cost £0.07 per minute plus your phone company’s access charge). If you don’t do this, you could be charged for an abortive visit and the work not being carried out on the date you asked for. **This disconnection is permanent, and any reconnection would be treated as a new supply request.**

4. Please give the reason for your request

eg demolition, gas no longer required etc – this information will help us to process your request

5. Please give an indication of when the disconnection will be needed

6. Please give us any other information which you feel may be relevant

if possible please provide a map indicating the site and existing meter location(s)

Do you wish to receive your quote via email? **Yes** **No**

I certify that the information given is correct to the best of my knowledge

Signed _____

Name (printed) _____ **Date** _____

Please email your completed application form to **admin@sgn.co.uk** or post it to:

SGN
Axis House | 5 Lonehead Drive
Newbridge | Edinburgh EH28 8TG

If you have any queries with this form please contact our Customer Service team on **0800 912 1700**
or email **customer@sgn.co.uk**