

**OWNER: PLEASE PRINT NAME.**

**Attn:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_

## UGI – Central Penn Gas

P.O. Box 508  
Lock Haven, PA 17745  
Tel: 800-652-0550  
Fax: 570-893-5713

Please be advised that I am the owner of rental property located at:

Apt. #:

\_\_\_\_\_

\_\_\_\_\_

Service Address

\_\_\_\_\_

Premise Number

In the event the premises are vacated and a new tenant does not move in, please:

- q Discontinue service. The company is not responsible for frozen water pipes during any time of the year.
  
- q Discontinue service until a new tenant moves in. HOWEVER, from November 1 – April 1, when a chance of freezing pipes remain, please keep the gas service active and bill me for the usage.
  
- q Put the gas account into my name at any time during the year whenever the property is unoccupied.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Owner (Signature)

\_\_\_\_\_  
Owner (Print Name)

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Owner's Telephone Number

**NOTE:** If you do not complete and return this form, we will discontinue service whenever the tenant requests it. The company is not responsible for frozen water pipes. We will follow your instructions on this form until you notify us in writing of changes.

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