

Application for gas shut-off

Owner

Name* _____

ID-code/business registry code* _____

Address* _____

Phone* _____

E-mail* _____

Contact person _____

Customer installation details

Street/house/apartment* _____

County/city* _____

Postcode* _____

Cadastral identification number _____

Reason for requesting shut-off*

___ temporary closure

___ ending the contract

___ maintenance

Scheduled date and time of gas shut-off _____

Additional information _____

Date

Signature

**required field*