



Notice of Initiating/Terminating Self-Supply

Customer Name: _____

Unitil Account Number(s) Affected: _____

Service Address: _____

City/State/Zip: _____

Contact Name: _____

Contact Address
(if different from above): _____

City/State/Zip: _____

Contact Telephone Number: _____

Contact E-Mail: _____

Dun & Bradstreet No: _____

Asset Id: _____

Date for Self-Supply: Initiation: _____ Termination: _____

Submitted by
(original signature required): _____

Print Name: _____

Title: _____

Date: _____

Original completed and signed form must be forwarded to Unitil at the address below

Gas Supplier Services
6 Liberty Lane West
Hampton, NH 03842

Telephone: 603-773-6587
Fax: 603-773-6647
E-mail: ga_supplierservices@unitil.com