



Notice of Initiating/Terminating Self-Supply

Customer Name: _____

Unitil Account Number(s) Affected: _____
[Please attach additional pages if necessary]

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:

Supplier Services
Unitil
5 McGuire St.
Concord, NH 03301

Telephone: 603-227-4554
Fax: 603-227-4654
E-mail: supplierservices@unitil.com