

TO APPLY FOR A DISCONNECTION OF YOUR GAS SUPPLY, COMPLETE THIS APPLICATION FORM AND POST TO:
Northern Gas Networks, Connections, 1100 Century Way, Thorpe Park Business Park, Colton, Leeds LS15 8TU or email:
gasconnections@northerngas.co.uk

Disconnecting your Gas Supply Application form

ALL SECTIONS OF THIS FORM NEED TO BE COMPLETED IN ORDER FOR US TO PROCESS YOUR APPLICATION. IF YOU NEED HELP FILLING OUT THIS FORM, PLEASE CALL A MEMBER OF THE TEAM ON 0800 040 7766, OPTION 2 BETWEEN THE HOURS OF 8AM-6PM, MONDAY TO FRIDAY.

Primary Contact

Title: _____

Contact name: _____

Company name (if applicable): _____

House Name / Number: _____

Street Name: _____

Postal Town: _____

Postcode: _____

Email Address: _____

Primary Telephone Number: _____

Mobile Number: _____

Alternative Contact

Title: _____

Contact name: _____

Alternative contact number: _____

Keeping in Touch

Please let us know how you would prefer to be contacted:

Telephone ☐

Email ☐

Post ☐

Text ☐

In what capacity are you acting? (Owner, occupier, landlord, architect, developer, self-builder, consultant, Housing Association, Local Authority)

Owner ☐ Occupier ☐ Landlord ☐ Architect ☐ Developer ☐ Self-builder ☐
Consultant ☐ Housing Association ☐ Local Authority ☐

If the property is rented, do you have permission for the disconnection?

Yes ☐ No ☐ Not applicable ☐

Are you a VAT registered company?

Yes ☐ No ☐

Will the property be demolished once the disconnection has taken place?

Yes ☐ No ☐

Have you applied for this work previously?

Yes ☐ No ☐

Site details (please use the address where you would like the disconnection to be made)

Is the site address the same as the correspondence address?

Yes ☐ No ☐

Name of site contact: _____

Company name (if applicable): _____

House Name / Number: _____

Street Name: _____

Postal Town: _____

Postcode: _____

Email Address: _____

Telephone Number: _____

Mobile Number: _____

Billing

Is the correspondence address the same as the billing address?

Yes ☐ No ☐

If No, please supply the company billing name/address here:

Contact name: _____

Company name (if applicable): _____

House Name / Number: _____

Street Name: _____

Postal Town: _____

Property Details

(Terrace, Semi-detached, Detached, Flat, Other – please state):

Yes ☐ No ☐

(Walls are thicker than normal/parking restrictions/conservation area/other – please specify):

If there is more than one property requiring a disconnection please list them below.

Street address	Address line 2	City/Town	County	Postcode	Type of property	Grade Listed?

Meter and meter details

Are there any meters present?

Yes ☐ No ☐

Please provide the meter serial or MPRN number

The meter point reference number is up to 10 digits long, consists only of numbers and uniquely confirms your supply point to the supplier. It is printed on your bill. If you don't have a bill handy, call your energy supplier and they will be able to tell you.

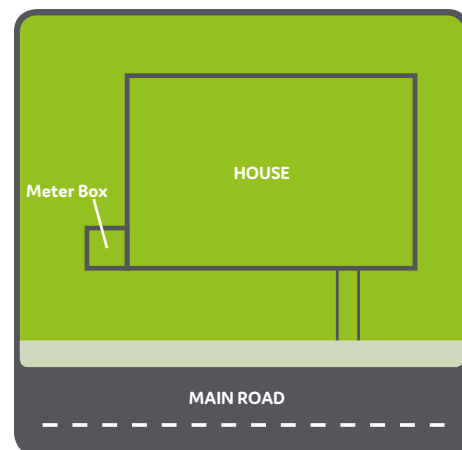
MPRN number

Meter location

Brief description of where the meter was located _____

If possible, please also include an image or plan of where the meter was located

Example sketch



Additional Information

Will the work involve crossing private land? (land that you do not own)

You must have permission from the landowner before work can take place.

Yes ☐ No ☐

Are there any future developments planned for the site?

Please advise of any site anomalies, e.g. steps or high boundary walls, streams, access issues, rail crossings, watercourses, conservation areas or contaminated land. We need to know this so we can send a surveyor to meet you and discuss if these will affect our work.

Yes ☐ No ☐