

PUBLIC SERVICE ELECTRIC & GAS CO.

BOX 710

NEWARK, NJ 07102

Phone: 800-817-3366

E-mail: demolition@pseg.com

PSE&G SERVICE REMOVAL REQUEST FORM

Office Use Only: Project # _____ G1# _____ E1# _____

REVIEW APPLICATION INSTRUCTIONS BEFORE COMPLETING

COMPANY NAME *if applicable*: _____

OWNER'S NAME: _____

OWNER'S AUTHORIZED AGENT name and title: _____

SERVICE ADDRESS: _____ TOWN: _____
(OF BLDG TO BE DEMOLISHED)

CROSS STREET: _____

OWNER'S MAILING ADDRESS: _____

(This is where the service removal completion letter will be sent)

OWNERS'S PRIMARY RESIDENCE? (CIRCLE ONE) YES NO

PREMISE VACANT? (CIRCLE ONE) YES NO

IMPORTANT: APPLICATION WILL NOT BE ACCEPTED UNTIL APPLICANT HAS TAKEN OWNERSHIP AND PROPERTY IS VACANT.

PROJECT CONTACT: _____ FAX: _____

(OR E-MAIL)

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

METER NUMBERS: Gas _____ Electric _____

TYPE AND NUMBER OF STRUCTURES TO BE DEMOLISHED: _____

DOES THE STRUCTURE TO BE DEMOLISHED HAVE MORE THAN ONE ADDRESS? **A separate form is required for each address.**

PSE&G LIGHTING TO BE REMOVED? (CIRCLE ONE) YES NO

PSE&G POLES TO BE REMOVED? (CIRCLE ONE) YES NO

POLE#(S) **required**: _____

OTHER PSE&G EQUIPMENT?(TRANSFORMER, SWITCHGEAR, ETC.) YES NO

TYPE OF ELECTRICAL SERVICE: (CIRCLE ONE) OVERHEAD UNDERGROUND

ARE YOU AWARE OF ANY ENVIRONMENTAL ISSUES AT THIS SITE? YES NO

PLEASE EXPLAIN _____

TYPE OF STRUCTURE TO BE BUILT AFTER DEMOLITION: _____

APPROXIMATE DATE OF RECONSTRUCTION: _____

SIGNATURE: _____ PRINT NAME: _____

DATE: _____

BY SUBMITTING THIS APPLICATION YOU ARE CERTIFYING THAT YOU ARE AUTHORIZED TO REQUEST REMOVAL OF ELECTRIC AND GAS SERVICES AT THE PROPERTY SPECIFIED AND THAT PREMISE IS VACANT. Proof of ownership required at time of application. Please refer to the instructions sent with this form for list of acceptable forms of proof.