

Application for gas shut-off

Owner

Name* _____

ID-code/business registry code* _____

Address* _____

Phone* _____

E-mail* _____

Contact person _____
if it is different from the owner or there is an authorized legal person

Object details

Street/house/apartment* _____

County/city* _____

Postcode* _____

Cadastral identification number _____

The building is*

___ existing

___ new

Type of building*

___ apartment

___ house

___ terraced house

___ apartment building

___ else _____

Reason for requesting shut-off*

___ temporary closure

___ temporary closure for reconstruction

___ ending the contract

___ maintenance

___ disassembly of the consumer installation

___ else _____

Shut-off gas equipment*

___ gas boiler

___ gas stove

___ gas water heater

___ else _____

Scheduled date and time of gas shut-off _____

Additional information _____

Date

Signature

**required field*