



## WORK REQUEST FORM - DEMOLITION

The following information must be completed and returned in order to process your request in a timely manner.  
Call Customer Services with any questions at 800-221-0051, press 2.

**\*Please allow 3-4 weeks for new service installation.\***

DEMOLITION ADDRESS: (location where work is to be completed)

Street Address: \_\_\_\_\_

Building #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NEAREST CROSS STREET:

Street Name: \_\_\_\_\_

OWNER INFORMATION: (customer responsible for paying monthly bill)

- Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)
- Owner signature: \_\_\_\_\_

BILLING ADDRESS:

Street Address: \_\_\_\_\_

P.O. Box/Apt.#: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CONTACT NUMBERS:

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone # Business Phone # Cell Phone #

ADDITIONAL ACCOUNT INFORMATION:

\_\_\_\_\_ Natural Gas Meter Number (if available)  
NJNG Account Number (12-Digits)

PROJECT CONTACT INFORMATION: (Company and contractor responsible for this project)

Company Name: \_\_\_\_\_

- Contact Name: \_\_\_\_\_

MAILING ADDRESS:

Street Address: \_\_\_\_\_

Bldg/Suit/Floor: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CONTACT NUMBERS:

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Business Phone # Alternate Contact # Business Fax #

**\* Please fax your completed form to: 732-938-7350 Attention: Customer Services or mail to the address below. \***