NOTIFICATION OF ASSUMPTION OF CONSUMER PROPANE SERVICE

Pursuant to G.S. §119-58(b) and 02 NCAC 38 .0705, this serves to notify your company that service to the following consumer is being assumed by another propane company. (NOTE: Do **NOT** send a copy of this notification to NCDA&CS. For originating company's protection, NCDA&CS suggests that a copy of this form be retained.)

Consumer Name			
Consumer Address			
City, State, Zip Code		, NC,	
New Supplier Name			
New Supplier Address			
City, State, Zip Code		,,	
Date old service is to be di	sconnected		
Time old service is to be d	isconnected		
Does this notification also	include notificat	ion that the propane in the e Yes No	xisting tank will be
		(city)	
Notice sent on (date)		at (time)	AM/PM
Method of notification: (Check one)	Mail	Overnight mail	-
	Facsimile	Hand delivery	_
Providing above inform	nation complie	es with rule for notificat	ion.
(The following fields may	be used by the or	riginating office for their in	formation.)
	Signature	Return receipt	
(Check one) Fac	simile report	None	Other
Confirmation attached?	Yes No	(circle one)	