

VERIFICATION OF UTILITIES TERMINATION

By signing below, you are verifying that the utility for which you are responsible has been safely terminated, or never existed, for the structure(s) listed below:

ADDRESS: _____

STRUCTURE(S) TYPE: _____

City of Rochester
Water/Sewer Division
45 Old Dover Rd
603-332-4096
Fax-603-335-4352

Water/ Sewer Superintendent or
Authorized Representative

UNITIL (gas)

Fax 603-294-5255

Manager, Distribution Dept. or
Authorized Representative

PSNH

Fax 603-335-5044

Electrical Superintendent or
Authorized Representative

Metrocast Cablevision
21 Jarvis Ave
603-332-5466
Fax 335-4106

Technical Manager or
Authorized Representative

Fairpoint
Phone 603-743-1929
FAX-603-749-9993

Authorized Representative