



BILL HISTORY REQUEST FORM
Permission/Request for Printout of Gas Bills

DATE 11/5/2023

CHOOSE ONE OF THE FOLLOWING REQUEST OPTIONS.

PERSONAL:

I, _____ request printout of billing history
for gas bills at the address of _____.

REAL ESTATE:

I, _____ of (real estate) _____
request a printout of billing history for gas bills for the
address of _____.

SIGNATURE

REPORT:

Mailed Address _____

Faxed Fax # _____

Email Email Address _____

GCUD Rep