

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

DATE 11/5/2023

CHOOSE ONE OF THE FOLLOWING REQUEST OPTIONS.

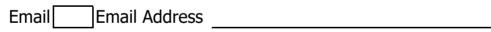
I, ______ request printout of billing history for gas bills at the address of ______.

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 #	



GCUD Rep