

TOWN OF SOUTHAMPTON

Department of Land Management
Building and Zoning Division
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968



JANICE SCHERER
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR

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JAY SCHNEIDERMAN
TOWN SUPERVISOR

Gas Disconnect Certification

Owner of Property _____
Property Address _____
Town/Village _____
Owner's Home Telephone # _____
National Grid Account # _____

Date of Disconnect _____
Name of Plumber _____

I _____, hereby certify that I have disconnected the above premises from National Grid.

I understand that the Town of Southampton Building Department will be relying on this certification.
My Suffolk County Plumber License number is _____, and my Town of Southampton Registration number is: _____.

I, _____, as the Owner of the above premises, do hereby agree to release, indemnify, defend, and hold harmless the Town of Southampton, its officers, employees, and representatives, from and against any and all demands, liabilities, losses, damages, expenses (including attorney's fees), and judgments for any personal injuries, death, or property damage in any way relating to or arising from the above disconnection of gas service to the premises described herein.

Read and Check Box
False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

Owner's Signature

Date

Plumber's Signature

Date