



**FLORIDA PUBLIC UTILITIES COMPANY (“Company”)
PROVIDER CHOICE PROGRAM**

Pool Manager Termination of Service Form

Date: _____

Pool Manager Name: _____

NOTICE TO:

Customer Name: _____

Telephone Number: _____

Account Number: _____

Facsimile Number: _____

This will serve as notice to the above listed Customer that the above Pool Manager will terminate service effective on _____, which does not predate the date of this notice. Pool Manager can provide this notice via email to **cfggascontrol@chpk.com** or fax to **561.366.1523**.

A COPY OF THIS NOTICE WILL BE FORWARDED TO CUSTOMER AND POOL MANAGER UPON APPROVAL BY COMPANY.

EACH PERSON WHOSE SIGNATURE APPEARS BELOW, represents and warrants that he or she has authority to bind the party on whose behalf he or she has executed this document.

REQUESTED BY:

APPROVED BY:

Pool Manager Signature

Company Signature

Title

Title