

CONSUMER REQUEST TO REMOVE PROPANE EQUIPMENT

ATTN: _____
(Propane Supplier)

Please be advised that effective _____ I am discontinuing my propane service
with your company. (Date)

I understand that I have the right to have your **equipment removed within 30 days**, at no charge
and to be present when you count the remaining full cylinders left in the cabinet from my
property at:

Physical Address: _____
(Street Address)

(City) (State) (Zip)

I also understand that I have the right to receive a full refund for any full propane cylinders. I
understand that this refund is to be based on the price I paid for the cylinders. **Any refund due
to me must be issued within 15 days after the equipment has been removed from my
property** and mailed to:

Mailing Address: _____
(Street Address or P.O. Box)

(City) (State) (Zip)

Please contact me at _____ to schedule the removal of your equipment
from my property. (Telephone)

(Signature) (Date)

(Print Name)

This form has been recommended for use by the Nevada LP-Gas Board
www.nvlpgasboard.com