

NAME OF FACILITY TO BE ABANDONED: _____

DESCRIPTION AND LOCATION OF FACILITY TO BE ABANDONED:

THE APPLICATION FOR THIS CNG FACILITY WAS FILED UNDER DOCKET NO. PL _____ CNG AND APPROVED BY PL ORDER NO. _____.
DESCRIBE FULLY IN SECTION V OF APPLICATION.

TYPE OF SERVICE THAT WILL BE ABANDONED:

_____ GENERAL PUBLIC	_____ PRIVATE FLEET	_____ PUBLIC TRANSPORTATION	
_____ STATE GOVERNMENT	_____ LOCAL GOVERNMENT	_____ SCHOOL BUS	_____ OTHER

TYPE OF REFUELING TO BE ABANDONED: _____ QUICK FILL _____ SLOW FILL

DATE FACILITIES LAST UTILIZED: _____

DESCRIBE FULLY THE SERVICE PROVIDED BY SAID FACILITY IN SECTION IV OF THE APPLICATION AND THE REASON FOR ABANDONMENT OF SAID FACILITIES IN SECTION V OF THE APPLICATION.

PROSPECTIVE DATE OF ABANDONMENT: _____ PARTIALLY REMOVED _____ OR COMPLETELY REMOVED _____

REMARKS:

Address all communications concerning this application to: _____ _____ _____ _____ _____ Date: _____	I hereby certify that this application has been examined by me and that the Statements therein contained are to the best of my knowledge and belief true, correct and complete. _____ NAME OF OPERATOR/APPLICANT SIGNATURE: _____ TITLE: _____
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