PSEG Long Island Building & Renovation Services 15 Park Drive Melville, NY 11747



Directions for Electric Demolition

Steps to follow:

1. The property owner must contact Building & Renovation Services at 1-844-341-6378 to request a Turn Off of the Electric Account. This is to have the final reading taken and stop the billing process. The Owner of the property is the only one that can make the request to remove the electric facilities for the purpose of demolishing a building. If the property is represented by a Power of Attorney, Family member, or any other party other than the owner, proper legal documents shall be provided to Building & Renovation Services.

2. The house must be Vacant prior to PSEG Long Island's work or the orders will not be processed.

3. Please review the following requirements:

- 1. Demo Request form found on the following page.
- 2. A **statement** that you are the owner of the building.
- 3. The **Address of the building** to be demolished.
- 4. Account number/s and or meter number/s.

5. **Mailing Address and E-Mail Address** for where the demolition letter is to be sent, or confirmation that the mailing address is the building to be demolished and that the Post Office is holding mail or it is being forwarded.

- 6. Requested turn off date and forwarding address for the final bill.
- 7. Daytime contact number for you if we have questions.

8. The request letter **must be signed**.

9. **Proof of ownership** will be needed. The proof will be a copy of the Title Page from the Closing or other legal document as necessary You can send the request by E-Mail or Fax, listed below:

Building & Renovation Services E-mail: BRSLI@pseg.com Fax # 1- 844-846-1550

You must call National Grid to start the Gas Demolition process @ 1-800-930-5003

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ELECTRIC DEMOLITION REQUEST

DATE:

Please disconnect the following electric facilities for demolition purposes at the following address:

Electric Meter number(s) and/or Account number(s):

Please forward the final bill to: Address:

Please forward the demolition letter to: Address:

E-Mail:_____

Daytime phone number_____

Print Name:

Sign Name: