



**PRE-DEMOLITION  
UTILITY DISCONNECT CERTIFICATION**

**INSTRUCTIONS:** Prior to issuance of a Demolition Permit, the Demolition Contractor is to complete this form and obtain appropriate signatures and return this form to the Inspection Department.

Property Address: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

Structure Type: \_\_\_\_\_ Contractor Address: \_\_\_\_\_

Demolition Date: \_\_\_\_\_

MISS DIG (800) 482-7171 Verification Code #: \_\_\_\_\_ Date: \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_

I certify that the below work has been completed for the above referenced structure & property.

Telephone service is **NOT** present.

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**MICHIGAN GAS**

Gas service is **NOT** connected and  
a Gas meter is **NOT** present.

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**AEP ELECTRIC**

Electric service is **NOT** connected and  
An electric meter is **NOT** present.

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**COMCAST CABLE**

Cable TV service is not present and  
There's not equipment present for same.

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYMENT CENTER**

Water service is **NOT** connected and  
There is **NO** water meter present.

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**SEWER CAPPING**

Has sewer service been capped yes or no

By: \_\_\_\_\_