Arizona Corporation Commission Gas Outage Form

Complete form electronically, click email address or submit button below: outage@azcc.gov

REPORTING DATE	REPORTING TIME		REPORTED BY	
COMPANYNAME			PHONE NUMBER	
TIME OF INCIDENT				
OFF DATE OFF TIME				
NOTES	<u> </u>			
ON DATE	ON TIME			
NOTES				
CUSTOMERS DURATION			CUSTOMER HOUR	
TYPE OF INCIDENT		_		
Outage	Property Damage	Injury(ie	es)	Fatality(ies)
CAUSE				
LOCATION				
GENERAL AREA				
SUBSTATION	T e	EEDER		
SUBSTATION		TEDEN		
COMMENTS	!			

SUBMIT

Clear Form