



**UTILITY SERVICE
DISCONNECT REQUEST**
PLEASE PRINT

Name of Primary Applicant: _____ Account Number: _____
(As listed on the initial connection application)

Date of Request: (today's date) _____ Date to be Disconnected: _____

Address where service is connected: _____

Mail final bill/refund to: _____

Home Phone: _____ Work Phone: _____

The customer has requested the changes described above. The customer agrees to any fees that may be added to their account and accepts all responsibility connected to this request.

Primary Applicant

For Office Use Only		
ACCOUNT NO: _____	ELECTRIC METER NO: _____	DISCONNECT DATE: _____
DEPOSIT AMOUNT: \$ _____	ADDITIONAL \$ _____	ADDITIONAL \$ _____