



Request for Disconnection of Electric Service

Today's Date _____

Service Address: _____

Bill Account Number _____

Meter Number (if known) _____

Ratepayer Name _____

Social Security Number _____ - _____

Ratepayer's Phone Number Home: () -
Work: () -

Effective Date (must be a work day) _____

Will the residence be vacant? Yes No

Are you the Landlord? Yes No

Landlord's Name and Address: _____

Does this meter serve a trailer/mobile home? Yes No

Mailing address for final bill: _____

Do you need service at the new residence? Yes No

Effective date for new service: _____

New Service Address: _____

Ratepayer Signature _____

Comments: