

DISCONNECT REQUEST

Date of Request: \_\_\_\_\_

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

Final & Turn Off: \_\_\_\_\_

Final & Leave On: \_\_\_\_\_

\_\_\_\_\_  
Final Customer Name

\_\_\_\_\_  
Leave On Name

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
DLN/SSN

\_\_\_\_\_  
Final's Mailing Address

\_\_\_\_\_  
Leave ON's Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Final Reading Date

\_\_\_\_\_  
Reading

\_\_\_\_\_  
Meter/Transponder #

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness by my hand that I am a notary of the state of \_\_\_\_\_, and do hereby certify that  
on the date of \_\_\_\_\_, personally appearing before me was \_\_\_\_\_. I  
certify that he/she is the person on this form and verify their photo is valid for the purposes of identification.

Notary Signature: \_\_\_\_\_ My commission Expires: \_\_\_\_\_

**Photo ID must accompany form. Any application received without a Photo ID will be rejected and the applicant will be required to start the process over.**