REQUEST FOR DISCONNECT

Date to Disconnect:　　_____

Account Name:　　_____

Account Number:　　_____

Service Address:　　_____

Forwarding Address:　　_____

Telephone Number:　　_____

Signature:　　_____　　　**Date:** _____

Internal Use:

Meter Number:　　_____

Date of Last Reading:　　_____

Last Reading on File:　　_____

Date of Final Reading:　　_____

Final Reading:　　_____

Locked:　　　　Yes _____　　　　No _____

Operator:　　_____