



Disconnect Electric Utility Form

Date of request: _____

I (We) hereby request disconnection of electric utility service to the premises described herein.

Name: _____

Federal TIN (if applicable): _____ Driver's License No. _____

FORWARDING ADDRESS FOR FINAL BILL & SECURITY DEPOSIT REFUND

Mailing Address: _____

Contact Person: _____

Email Address: _____

Location of service (if different than mailing address): _____

Phone/Fax: _____

Do you have life support equipment at this service? Yes No

If so what kind? _____

Is requested service (check one): Permanent or Temporary, if so date of disconnect _____
and reconnect _____

Service Disconnect: Please fill in the information to include the date you wish to have the service disconnected, account #, contact number and the service location. Sign the form and return it to the TDX representative.

Date of Disconnect _____ Account Number _____

Location of Disconnect _____ Contact Number _____

X _____
Signature of Applicant

I agree to comply with the Tariff and Rules and Regulations of TDX Adak Generating, LLC and the payment of fees, refund of security deposits, and other obligations regarding the disconnection of electric utility service.

X _____
Name of Firm or Agency