



## 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 Sand Point 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