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## DISCONNECT ELECTRIC SERVICE FORM

Please fill out the following form to request disconnection of your electric service; then mail, fax, or bring it into the office. **REMEMBER TO SEND A COPY OR BRING PHOTO ID.**

NAME ON ACCOUNT: \_\_\_\_\_

DRIVER'S LICENSE NUMBER & STATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

If Business, Tax ID Number: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

DATE SERVICE TO BE DISCONNECTED: \_\_\_\_\_

***(Next Day Service Only, Excluding Weekends and Legal Holidays)***

CONTACT PHONE # / CELL #: \_\_\_\_\_

ADDRESS TO MAIL FINAL BILL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

(Only by person whose name is on the account)

\_\_\_\_\_  
DATE