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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