

146 Faculty Street Ext.
PO Box 1130
Boone, NC 28607



Office: 828-264-3671
Fax: 828-262-6726
Email: NRLP-CSR@appstate.edu

Electric Service Disconnection Request Form

Please complete all required fields and submit **with a copy of a valid photo ID** to the NRLP office, by email, mail or fax. **Your application will not be processed without a photo ID.**

Account Information

Name on Account: _____

Account Number: _____

Service Information

Service address (location where service disconnection is requested):

Requested Disconnect Date: _____

The earliest guaranteed disconnection is the next business day. No disconnections on Saturdays, Sundays or legal holidays.

Important for Property Owners and Landlords

If you have a Read-Only Service Agreement on this account, stopping service does not automatically cancel that agreement. If you need to remove or update property responsibility, you also need to submit a [Read-Only Service Cancellation](#) form.

Contact Information

Cell Phone: _____ Other Phone: _____

Email: _____

Final Bill & Refund Information

This address will be used to send your final bill and any applicable refund or deposit. **A valid forwarding address is required.**

Forwarding Address: _____

Authorization

Signature: _____ Date: _____

I understand I am responsible for all charges associated with this account until the disconnection request is processed.

Updated May 2026