



Disconnect Request

The accountholder must request the disconnection of service.

Name _____
Salutation First name Middle Initial Last Name

Social Security # _____ - _____ - _____

Employer _____

Spouse's Name _____
Salutation First Name Middle Initial Last Name

Social Security # _____ - _____ - _____

Spouse's Employer _____

Phone # - Home (____) _____ - _____ Work (____) _____ - _____ Mobile (____) _____ - _____

Fax number - (____) _____ - _____ Email address _____

You will receive a final bill after the account is disconnected. Please provide your new mailing address below so that you will receive your final bill and/or credit balance refund check. To continue to receive capital credit checks, please inform ANEC of any future address changes.

New Mailing Address _____
Po Box or Street City State Zip

New 911 address: _____

Account # to be disconnected _____ Date to disconnect service _____

911 address to be disconnected _____

Development name _____ Park _____ Section ____ Lot# _____

House / Trailer / Other (circle one) Description _____

Is there a security light at this location? yes/no

Do you want to disconnect the security light? yes/no

Do you lease a surge protector from the Cooperative? yes/no

Accountholder's Signature _____

Date _____