



The member has requested to disconnect and/or retire all facilities and/or powerlines serving the locations identified below.

Requested By: \_\_\_\_\_ Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_ Confirmation Letter Received: Y N

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Meter Number	Service Location	Account Number	Work Order Number	Service Order Number	Payoff Amount

Department Routing  
(Please sign after Completion/Authorization)

Customer Service Representative: \_\_\_\_\_

*Disconnect the service, bill out the remaining term and CCR. Identify Idle Service Tariff requirement.*

Right of Way Agent: \_\_\_\_\_

*Check to see if landowner needs line for service, release easement if line is not required.*

Engineering: \_\_\_\_\_

*Prepare required retirement paperwork (if applicable) to retire facilities and/or line, if applicable.*

Accounting: \_\_\_\_\_

*Collect all costs and produce appropriate reports, as required.*