

PLEASE COMPLETE ALL SECTIONS BELOW AND TICK BOXES WHERE APPROPRIATE

1. CUSTOMER NAME			
2. ADDRESS AT WHICH SUPPLY IS BEING TERMINATED	Postal Code		
ABOUT YOUR CURRENT ADDRESS	Is the Property: ☐ Owned By You ☐ Rented Is the Property: ☐ House ☐ Apartment ☐ Business		
TERMINATION DATE	DAY	MONTH	YEAR
NEW FORWARDING ADDRESS (FINAL BILL)	Postal Code		

3. NOTES AND SPECIAL CONCERNS	Please record any special information or details pertaining to your termination of service.

SIGNATURE	Signature	Date	Signature	Date
	If signing on behalf of a Company, please provide name and position held in Company. I am legally authorized to sign on the behalf of the above Company. Name: _____ Title: _____ Signature: _____			

Office Use Only

☐	☐	☐	☐
Account Returned To Existing Owner/Landlord	Power Turned Off For Emergency	Power Turned Off For Non-Payment	Power Turned Off For Vacancy Or Service Removal
Owner/Landlord Name	Customer Terminated	Final Read	

CUSTOMER #	7					PREMISE #	8				
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