



SERVICE DISCONNECT & TRANSFER REQUEST

DATE REQUESTED FOR SERVICE DISCONNECTION: _____
(must be a weekday during regular business hours; excludes holidays)

NAME THE ACCOUNT IS IN: _____

LOCATION ADDRESS WHERE SERVICE IS TO BE DISCONNECTED: _____

LAST FOUR SSN NUMBERS OF MEMBER: _____

PLEASE UPDATE YOUR CONTACT INFORMATION

FORWARDING ADDRESS: _____
(This address will be used to send the deposit refund/final bill, if applicable.)

HOME PHONE NUMBER: _____ **CELL PHONE NUMBER:** _____

EMAIL ADDRESS: _____ **OTHER EMAIL:** _____

NAME OF PERSON REQUESTING SERVICE DISCONNECTION: _____
(please print)

SIGNATURE: _____ **DATE REQUEST SUBMITTED TO DREMC:** _____

Please note:

- If the name of the person requesting the service disconnection is not the same as the account holder's name, the request may be delayed, and additional documents/information may be necessary.
- If you are transferring service within the DREMC area, please complete the Application for Service form and submit with the disconnect request form.
- If a deposit is held on the existing account, it will be transferred automatically to the new location. In some circumstances, the deposit may need to be increased.
- If a member is enrolled in DREMC payment or billing options, that participation will continue with the new account unless re-enrollment is required after meeting requirements for participation (i.e.: Budget Billing, Levelized Billing).