



SERVICE DISCONNECT REQUEST

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

DREMC ACCOUNT NUMBER: _____

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 E-MAIL:** _____

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 or information may be necessary.
- If you are transferring service within the DREMC area, please complete the Application for Service form and submit the form with the Service Disconnect Request form.