



Discontinuance of Service Request

RGEC Form OPER-65 (01/2018)

I am requesting to have my electric service disconnected / transferred as of: _____
Circle Selection Above [Date]

Name on Account: _____

Designated Representative on file (if applicable): _____

Account number(s): _____

Meter number(s):

I hereby authorize Rio Grande Electric Cooperative, Inc. to discontinue service on the above stated account(s) as requested. I understand that requests are processed when all paperwork and/or fees are received in this office and that all charges will be my responsibility until the full transaction is complete.

(Please check box that applies, sign and date.)

- Account Holder _____ Date _____
- Designated Representative _____ Date _____
- Other _____ Date _____

Due to privacy issues, the account holder must be the one to request the termination of service. In the event that the account holder has become incapacitated or deceased, legal documentation must be provided that the person requesting termination of service is an authorized representative.

Please send my final bill to this forwarding address: _____

FOR OFFICE USE ONLY:

Received by:

Received Date:

Under normal conditions, disconnection of electric service may be performed the same week if the Discontinuance of Service form is received early on in the week. RN disconnects will be performed the same day if received before 5 p.m. A request received after hours will be normally fulfilled the next working day for RN.