REQUEST FOR DISCONNECT

INSIDE PASSAGE ELECTRIC COOPERATIVE

NAME_____

MAILING ADDRESS_____

CITY_____p

FORWARDING ADDRESS_____

REMARKS_____

DATE TO BE REMOVED_____   DATE REQUESTED_____

CUSTOMER #_____   _____
                                      AUTHORIZED SINGATURE

METER NUMBER_____   READING_____

ORDER WORKED BY_____   DATE_____

COMPUTER WORK_____   DATE_____