



Request to Disconnect Service - Final Bill

The applicant whose signature appears on the application hereby makes application to the ELECTRIC DIVISION, Department of Public Utilities, to discontinue electric service supplied on the premises described. The applicant agrees to pay the final bill rendered for electricity consumed, as well as any other outstanding charges.

Customer Account Number:

Deposit:

Name:

Service Address:

Disconnect Date *(Monday – Friday, no weekends or Holidays)*:

Forwarding Address:

Phone Number:

Signature: _____

Your typed name serves as your electronic signature and confirms your acceptance of the terms herein.

Printed Name:

Today's Date:

Representative:

Individual

Proprietor

Corporation

EMAIL COMPLETED FORM TO: ELECTRICSERVICE@WALLINGFORDCT.GOV