



# CRAIG-BOTETOVRT ELECTRIC COOPERATIVE

R U R A L E L E C T R I C

## Disconnect Request

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Requested Disconnect date: \_\_\_\_\_

Please send final bill to:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_