



APPLICATION FOR DISCONNECTION OF ELECTRICITY

1. CUSTOMER'S PARTICULARS

Account No.	
Account Name:	
Date:	
Postal Address:	
Address for Disconnection:	
Tel. No.:	
ID No.:	
Remarks:	
Customer's Signature: _____ Date: _____	

FOR OFFICIAL USE ONLY

2. METER READING

Serial No.	Units
Meter Reader's Signature: _____ Date: _____	

3. PHYSICAL DISCONNECTION

Disconnection of electricity:	
Officer's Signature: _____ Date: _____	

4. REMOVAL FROM COMPUTER DATABASE

Disconnection of electricity:	
Officer's Signature: _____ Date: _____	