



## METER DISCONNECT FORM

4831 Eagle Street  
Anchorage AK 99503-7497  
1-800-478-1818  
1-800-478-2389 (Fax)

Date: \_\_\_\_\_ I (We) hereby request disconnection of electric service at the location indicated below

Meter Serial Number: \_\_\_\_\_

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

Joint Member Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Requested Date of Disconnection:** \_\_\_\_\_

If service is to be disconnected and not transferred (during winter months)

Is the customer owner of the service  Yes  No If not who is the owner? Provide information below.

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

Phone: \_\_\_\_\_

Does the service have running water?  Yes  No

If yes, has service been winterized?  Yes  No

**X**  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Firm or Agency

**To be filled out by AVEC Representative:**

Disconnection Date: \_\_\_\_\_

Reading at time of removal: \_\_\_\_\_

Meter Serial Number: \_\_\_\_\_

Reading at Connection: \_\_\_\_\_

Was the meter pulled and physically stored in the plant?  Yes  No

If meter was pulled was the Socket meter blank and AVEC seal installed?  Yes  No

*Note: Service must have a cover to protect children and others*

If not, was service transferred to another person?  Yes  No If yes, provide information below

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

Phone: \_\_\_\_\_

**For Location with Automatic Meter Reading meters:**

Do not physically pull meter prior to contacting AVEC headquarters

Please call AVEC headquarters to arrange for online disconnections prior to faxing paperwork..

Name and Signature of AVEC Representative that completed the Service Disconnect Form:

\_\_\_\_\_  
Name

**X**  
\_\_\_\_\_  
Signature

Name of AVEC Headquarters Employee Contacted: \_\_\_\_\_

As soon as paperwork is completed, please fax to **1-800-478-2389**, then mail the originals to AVEC

**HEADQUARTERS USE ONLY**

Account # \_\_\_\_\_ Location # \_\_\_\_\_

Route: \_\_\_\_\_

Rate: \_\_\_\_\_ Entered By: \_\_\_\_\_

Elster \_\_\_\_\_

SO/WO # \_\_\_\_\_ Date Entered \_\_\_\_\_