



ALASKA VILLAGE ELECTRIC COOPERATIVE  
4831 Eagle Street \* Anchorage, AK 99503

AVEC Representative/Billing Dept

OFFICE USE ONLY

Acct#: \_\_\_\_\_ LOC/RSP#: \_\_\_\_\_

Elster: \_\_\_\_\_ WO#: \_\_\_\_\_

Was this service transferred to a Landlord? YES

DISCO due to FIRE? YES

# Meter Disconnect Form

I (We) hereby request electric service to be terminated at the premises herein described:

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

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

Member Name: \_\_\_\_\_  
*Legal Name (First Name, MI, Last Name)*

Contact Number: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*Street Address or PO Box Unit No. City State Zip Code*

Forwarding Address \_\_\_\_\_  
*Street Address or PO Box Unit No. City State Zip Code*

Member Email: \_\_\_\_\_

Date Requesting Disconnection\*: \_\_\_\_\_

## Disconnection Details

Shut off      Transfer - Application for Service is REQUIRED or Power WILL BE SHUT OFF

Transfer to: \_\_\_\_\_

Does this service have running water?      No      Yes

If YES, has this service been weatherized?      No      Yes

**Signature** (required for all disconnects)

Signature of Member      Name of Firm or Agency      Date

**To Be Filled out by AVEC Representative:**

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

Reading at disconnect: \_\_\_\_\_

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

Demand Read: \_\_\_\_\_

Was the meter pulled and stored at the plant?      YES      If YES was a blank installed and AVEC SEAL?      YES

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

**Note: Service must have a meter or blank/seal installed**

**Do not change or remove any meters without AVEC headquarters approval .**

Fax all completed paperwork to AVEC Headquarters : [1-800-478-2389](tel:1-800-478-2389) or email to [memberinfo@avec.org](mailto:memberinfo@avec.org)