



A MUNICIPAL ELECTRIC UTILITY PLANT SINCE 1892

SOUTH NORWALK ELECTRIC AND WATER
1 STATE STREET P.O. BOX 400
SOUTH NORWALK, CT 06856-0400
Phone (203) 866-3366 or Fax (203) 899-7491

REQUEST TO DISCONNECT ELECTRIC SERVICE

Date: _____

Termination Date: _____

Office Use Only
Account Number:
Customer Number:
Meter Number:
Multiplier:
Rate:

I hereby authorize SNEW to terminate the electric service at the location listed.
I understand that any monies owed by me will be deducted from my deposit
and any remaining money will be forwarded to me.

Name LAST FIRST MIDDLE
Service Address STREET NUMBER STREET

Forwarding Mailing Address STREET NUMBER STREET TOWN STATE ZIP CODE
Contact Info. HOME PHONE DAY TIME PHONE (If different) E-MAIL

Signature: _____ Date: _____
Printed Name: _____

DO NOT WRITE BELOW THIS LINE, ELECTRIC DEPARTMENT USE ONLY

Final Bill
Amount Due: _____ Refund Date: _____
Check Number: _____ Refund Amount: _____

Authorized Approval: _____ Date: _____
Printed Name: _____