



SERVICE REMOVAL REQUEST

Please complete all required information and email to <u>dservices@elexiconenergy.com</u>.

Elexicon Acco	ount Number:		Meter	☐ Inside	
Meter Num		-		ntion: Outside	
Date Service Can	be Removed:		_		
Service Remo	oval Address:				
		Street			
		City/Town and Post	al Code		
	Property Owner Information]	Authorized Requestor Information (if different than Property Owner)	
Print Name:					
Mailing Address: (if different from Service Removal Address)					
	Street		Street		
	City/Town and Postal Code		City/Town and	City/Town and Postal Code	
Telephone No.:					
E-mail:					
	thin five (5) busine nichever is the latte	ss days from the 'i er. Meters located in	ndicated date servic nside the premise ar	from the property. Elexicon se can be removed' or date re an exception to this	
request Elexicon Energy removal of this service	y Inc., remove th is permanent and	e service at the a d should service a	ddress noted abor again be required	istered Property Owner to ve. I understand that the it would be considered a inspections and applicable	
Print Name	Sigr	nature		Date	