MISSION VALLEY POWER P.O. BOX 97 PABLO MT 59855-0097

REQUEST FOR SERVICE:DISCONNE	ECT REMOVAL (needs signature) 3 yr. Contract Minimum Met
	3 yr. Contract Minimum Met for AL
Physical Address	
	Service Loc # Use one
Name:	Account No Use one or more of
	Location No.
Requested Date for Disconnect/Removal:	Meter No.
	To identify
Requested via: phone letter in person	
Signature	Date
Deposit Amount: \$ Apply Meter Deposit?Yes Refund No T	
Apply Meter Deposit?Yes Refund No T	ransfer deposit to another loc
Forwarding Address for Refund or Final Bill:	
Phone number:	
Connect Back to Owner's Name:	Account No
Owner Unknown Co	ntraat Nat on Eila Fram Ovenar
Owner Unknown Con	ntract Not on File From Owner
Owner does NOT want this loc	eation in their name
Owner does NOT want this for	cation in their name
CSR: Date:	
CSR Date	
REQUEST FOR PUN	MP ABANDONMENT
REQUESTIONICA	
Notice is hereby given that I have abandoned the	HP sprinkler installation
	«p
Account No Location No	located at:
Signature	Date
Please Print Name	

Share files: Customer Service: Forms: Request for Service Disc, Removal, and Pump Abandonment