

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

REQUEST FOR SERVICE: _____ DISCONNECT _____ REMOVAL (needs signature)
_____ 3 yr. Contract Minimum Met
_____ 3 yr. Contract Minimum Met for AL

Physical Address _____

Name: _____ Service Loc # _____
Account No. _____
Location No. _____
Requested Date for Disconnect/Removal: _____ Meter No. _____
Requested via: ___ phone ___ letter ___ in person by: _____

Use one or more of these numbers To identify

Signature _____ Date _____

Deposit Amount: \$ _____
Apply Meter Deposit? ___ Yes ___ Refund No ___ Transfer deposit to another loc. _____

Forwarding Address for Refund or Final Bill: _____

Phone number: _____

Connect Back to Owner's Name: _____ Account No. _____

___ Owner Unknown ___ Contract Not on File From Owner
___ Owner does NOT want this location in their name

CSR: _____ Date: _____

REQUEST FOR PUMP ABANDONMENT

Notice is hereby given that I have abandoned the _____ HP sprinkler installation
Account No. _____ Location No. _____ located at: _____

Signature _____ Date _____

Please Print Name _____