

**MISSION VALLEY POWER P.O. BOX 97 PABLO MT 59855
883-7900**

**REQUEST FOR SERVICE REMOVAL or PUMP ABANDONMENT
(signature required)**

_____ **3 yr. Contract Minimum Met**
_____ **3 yr. Contract Minimum Met for AL**

Print OWNER Name: _____ **Acct #** _____

Physical Address _____

Requested Date for Removal: _____

Location #: _____

Meter #: _____

Service Loc #: _____

Pump abandonment _____ HP Irrigation Pump

Signature

Date

Address change: _____
(if applicable) _____

Phone number: _____