

# RESIDENTIAL/COMMERCIAL STOP SERVICE REQUEST



Customer Information		
<b>Name on Account:</b>	First Name:	Last Name:
	Business Name:	
	Social Security/Federal ID Number:	Account No.:
	Email:	
<b>Telephone:</b>	Primary Phone:	Secondary Phone:

Service Address		
<b>Service Address:</b>	Street Address:	Apt/Unit/Lot #
	City: <span style="margin-left: 150px;">State:</span>	Zip Code:
<b>Stop Service Date:</b>	<i>Mondays - Fridays (except holidays)</i>	
	Reason for Disconnection Request:	

Billing Address <span style="float: right; font-weight: normal; font-size: small;">Please provide billing location if it is different from above service location. This location will be used to send your monthly bill.</span>		
Street Address:		Apt/Unit/Lot #
City:	State:	Zip Code:

Terms and Conditions	
<ul style="list-style-type: none"> <li>One working day minimum required on all service disconnects.</li> <li>Deposits, when applicable, will be credited toward the final bill and any remaining credit will be mailed to the forwarding address provided.</li> <li>If the party that requests disconnection isn't the primary account holder we will require signature &amp; supporting documents in order to process this stop service.</li> </ul>	
Requested By: _____	Date: _____
Signature: _____	

Office Use <span style="float: right; font-weight: normal; font-size: small;">Below is for Santee Cooper office use.</span>	
SA ID:	Account ID: