santee cooper®

RESIDENTIAL/COMMERCIAL STOP SERVICE REQUEST

Name on Account:				
Account Number:		**Stop Date:**		
Service Location:				
Forwarding Address:	Street		Apt/Unit/Lot #	
	City		State	Zip Code
Day Time Phone 8:00 am - 5:00 pm	- -			
E-mail Address:				

Requested By: _____ **SSN/FID:** _____

Signature: _____ **Date:** _____

Note: **One working day minimum required on all disconnects.**

Deposits, when applicable, will be credited toward the final bill and any remaining credit will be mailed to the forwarding address provided.

Please select your Santee Cooper Retail Office for mailing information:

SC0520i (01/29/2014) (FS)