



NEVIS ELECTRICITY COMPANY LIMITED

P. O Box 852, Main Street, Charlestown, Nevis, West Indies Tel: (869) 469-7243/7245

REQUEST FOR DISCONNECTION

ACCOUNT # _____

ACCOUNT NAME _____

ADDRESS _____

DATE _____

Please disconnect the supply of electricity to the above address on ____/____/____.

Please add the final bill to account number _____

Please send the final bill to me at _____

APPLICANTS NAME (Block Letters)

APPLICANTS SIGNATURE

DATE

Customer Service Rep/Receiving Officer

DATE

OFFICIAL USE ONLY

Account disconnected on line

____/____/____

Signature: _____

Account disconnected in system on

____/____/____

Signature _____

Note: Service order to disconnect account should be attached to this form.