

I request the electric service(s) and security light if applicable, remain connected in the event a tenant, or other, request disconnection of service at the locations listed below: I understand I am agreeing to allow all charges incurred **after** this request to be billed to me; rather than being disconnected, and that the \$15.00 transfer fee be billed to my account. OCEC must be notified in the event the property (listed below) is no longer under the name stated. OCEC has the right to cancel this agreement in the event the Landlord is past due three or more times over a consecutive twelve- month period.

This agreement is not applicable to disconnections resulting from non-payment of utility bills.

Rental Property Location(s)			Meter Number(s)		
Landlord					
any time I wish to cancel this La	ndlord Service Continuanc	e Request, such cancellation	on must be direc	locations. I understand that at ted to OCEC in writing.	
Email Address:					
Mailing Address:					
Physical Address:		City:	State:	Zip Code:	
Rental Agent					
Rental Agent Used in Property I	Vlanagement:				
Mailing Address:					
Phone:	Emergency Phone:		Email:		
OCEC Office Use					
Date Received:	Initialed by:	Date Cancelle	ed:	Initialed by:	
Cloudcroft Office PO Box 227 Cloudcroft NIM 98317		Alto Office PO Box 1135		Carrizozo Office PO Box 669	



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1-800-548-4660 (toll free)



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(575) 648-2848 (fax)

(575) 336-4550

(575) 336-9648 (fax)