

Request for Electric Service Disconnect

Member Information			
Name:		OCEC Account No:	
Physical Address:			
Date the service is to be disconnected	ed:Please allow up to 2 busines:	s days for service to be disconnected	
Password:	or Copy of ID		
Mailing Address:		Phone:	
City:	State:	Zip Code:	
I understand if I reconnect	will be billed on Final Statement. at the same location within the next 12 to be paid prior to reconnect.	2 months; I will be responsible for the previous unb	illed
Signature of disconnecting party:		Date:	
For OCEC Office Use Only			
Service Map Location:	Disconnect fee: \$	Date disconnected:	
		MSR:	

Cloudcroft Office PO Box 227 Cloudcroft, NM 88317 (575) 682-2521 (575) 682-3109 (fax) 1-800-548-4660 (toll free) Alto Office PO Box 1135 Alto, NM 88312 (575) 336-4550 (575) 336-9648 (fax) Carrizozo Office PO Box 669 Carrizozo, NM 88301 (575) 648-2352 (575) 648-2848 (fax)



