



Mora-San Miguel Electric Cooperative, Inc.
P.O. Box 240
Mora, NM 87732
575-387-2205/505-757-6490
Fax: 575-387-5975

**MEMBER/CONSUMER REQUEST FOR DISCONNECT
OF ELECTRICAL SERVICE**

Please complete the form in its entirety. Please mail or fax the form along with a copy of Member/Consumer's driver's license.

Name on Account: _____

Account Number: _____

Tax ID Number, if Business: _____

Service Address: _____

Requested Date of Disconnect: _____

Contact Phone, Cell Number: _____

Forwarding Address for Final Bill: _____

Authorization Given to: _____ to transfer account.

SIGNATURE, Primary Account Holder

Date

SIGNATURE, MSMEC Supervisor/Manager
Authorizing Disconnect

Date