

REQUEST FOR DISCONTINUATION OF RESIDENTIAL SERVICE

Form will only be accepted if filled out completely and signed by both parties

Service Address

Street Address: _____ Unit# _____

City: _____ State: _____

Date

Date Billing Responsibility Ends* ____/____/____

* The date provided represents a mutually agreed to date and will be used in the event of any disputes.

Tenant Information

Primary Name on Account: _____

Contact Telephone Number: (_____) _____ Cell Home Work

Forwarding Address: _____

NOTE TO TENANT: When this form is used it is not necessary to call Xcel Energy to end service.

Owner

Owner/Property Manager Name: _____

Telephone Number: (_____) _____ Date: _____

Signatures

Signatures of both parties are required

Tenant's Signature: _____ Date: _____

(Must be signed customer named on account)

Owner/Property Manager Signature: _____ Date: _____

Fax Completed Form to 800-895-2895

Provide the address that the tenant is moving out of.


Provide a mutually agreed to date that the tenant's billing responsibility ends. Advise the tenant this date will be used in the event of a dispute.

Provide complete information including a forwarding address for the tenant moving out.

Provide the name of the property manager for this address.

The tenant and property manager must both sign and date the form.

Fax completed forms to 800-895-2895 up to 60 days before the effective end date. Sending the request well in advance will reduce the possibility of a dispute.

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Signatures

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Tenant's Signature: _____ Date: _____
(Must be signed customer named on account)

Owner/Property Manager Signature: _____ Date: _____

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PO Box 8 | Eau Claire, WI 54601-0008 | Telephone 888-895-4999 | Fax Number 888-895-2895 | 08-02-022

ADVISE THE TENANT THEY DO NOT NEED TO CALL XCEL ENERGY TO END THEIR SERVICE WHEN THIS FORM IS USED.