



Service Disconnect for Electricians

Request Date:

Member Name:

Service Address:

Existing Service Size

Scope of Work ☐ Maintenance Existing Equipment
 ☐ Service Upgrade New Service Size

Description of Work being completed:

Approximate time frame of outage: Start Time:

☐ AM ☐ PM

Finish time:

☐ AM ☐ PM

Electrician Contact Info:

Company:

Name:

Phone Number:

Email:

Disconnect request taken by: _____ Date: _____

Service Map Location: _____

Request Reviewed by : _____ Date: _____

- ☐ Disconnect Service Order Approved
☐ REC Employee will contact electrician
☐ REC Site Visit