



A MUNICIPAL ELECTRIC UTILITY SYSTEM
SERVING THE NEEDS OF THE COMMUNITY

SOUTH NORWALK ELECTRICAL & WATER
1 STATE STREET P.O. BOX 400
SOUTH NORWALK, CT 06856-0400
Phone (203) 866-3366 or Fax (203) 899-7491
customerservice@snew.org

REQUEST TO DISCONNECT ELECTRIC SERVICE

Date: _____

Termination Date: _____

Landlord's Name: _____

Office Use Only
Account Number: _____
Customer Number: _____
Meter Number: _____
Flexnet ID: _____

I hereby authorize SNEW to terminate the electric service at the location listed.
I understand that **any monies owed by me, plus a \$15 final charge fee, will be deducted**
from my deposit and any remaining money will be forwarded to me.

Name	LAST	FIRST	MIDDLE
Service Address	STREET NUMBER	STREET	

Forwarding Mailing Address	STREET NUMBER	STREET	TOWN	STATE	ZIP CODE
Contact Info.	HOME PHONE	DAY TIME PHONE (If different)	E-MAIL		

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

DO NOT WRITE BELOW THIS LINE, ELECTRIC DEPARTMENT USE ONLY

Final Bill	
Amount Due: _____	Refund Date: _____
Check Number: _____	Refund Amount: _____

Authorized Approval: _____ Date: _____

Printed Name: _____