



DISCONNECTION FORM

Date requested: ____ / ____ / ____

Account No. (s): ____ - ____, ____ - ____ & ____ - ____

First Name: _____

Last Name: _____

Address: _____

Tel No#: (264)- _____

Reason for disconnection: _____

**Please note that there is a Reconnection fee of EC \$50.00 or EC \$200.00. The fee is dependent upon the period you have been disconnected.

Signature of Applicant

Date: ____ / ____ / ____

Processing Officer

Date ____ / ____ / ____

FOR OFFICE USE ONLY

Work Order#: _____

Assign to _____

From: _____

Date completed ____ / ____ / ____

Time: ____ : ____ am / pm

Meter number _____

Meter reading: _____

Work done by: _____