

TOWN OF WOLFEBORO
MUNICIPAL ELECTRIC DEPARTMENT
PO BOX 777
WOLFEBORO, NH 03894-0777
(603) 569-8150.8183 OR 8158
Fax (603) 569-8167

SERVICE DISCONNECTION REQUEST

Date of Request _____

Account # _____

Meter # _____

Customer Name: _____

Property Location: _____

I hereby authorize the Wolfeboro Municipal Electric Department to terminate the electric service as listed above on the following date _____

I acknowledge the following terms and conditions of this request:

- A reconnection fee of **\$20.00** will be required to reinstate the service during regular working hours (8:00 am to 4 pm, Monday – Friday, excluding holidays.)
- If service is requested to be restored during non-working hours a service charge of **\$45.00** will be made.
- Reconnections will not take place between the hours of 10:00 pm and 6:00 am.
- Service reconnections which cannot be accomplished at the meter and require the use of a bucket truck and line crew will be charged **\$90.00** for a service call out in addition to the appropriate reconnection fee.

Customer Signature