

## 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.**

**RESIDENTIAL SERVICE** 

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**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**

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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.**