

STOP ELECTRIC SERVICE REQUEST

HIGH WEST ENERGY



SERVICE LOCATION & MEMBER INFORMATION

Disconnect/Transfer Date: _____

**Do not select a Friday, Saturday, Sunday or holiday for disconnection - transfers can be scheduled for any day.*

Member Name: _____

Account Number: _____

Service Address:

Address Line 1

Address Line 2

City

State

Zip Code

Forwarding Address:

Address Line 1

Address Line 2

City

State

Zip Code

Comments/Questions:

Request Type:

☐ Moving - transfer service to new owner, tenant, or to landlord

Landlord Name: _____

Realtor Name: _____

New Owner Name: _____

☐ Idle Service

Idle Service allows members to temporarily discontinue electric service while retaining High West Energy infrastructure at the property for future use.

By requesting Idle Service, I understand that:

- Electric service will be disconnected at the requested location.
- High West Energy facilities will remain in place for future service restoration.
- The account will continue to be billed the current Idle Service rate, which is currently based on 75% (seventy-five percent) of the applicable Grid Access Charge and is subject to change over time.
- The current Idle Service rate and applicable charges can be confirmed with High West Energy prior to enrollment.

☐ Retire Service

Service Retirement is a permanent removal of electric service from a property.

By requesting Service Retirement, I understand that:

- Electric service will be permanently disconnected.
- High West Energy will remove all cooperative-owned electric facilities associated with the service, including but not limited to meters, poles, transformers, conductors, and other equipment.
- Future electric service to the property will require a new service request, engineering review, and additional construction costs.
- Service Retirement is not be reversible without establishing new electric service.

Member Acknowledgment

For Idle Service and Service Retirement requests, I acknowledge that I have reviewed the information above and understand the potential impacts to my account and electric service.

Signature: _____

Printed Name: _____

Date: _____

*After completing this form, save the PDF and email it to **billing@highwest.coop***

After receiving your request, a High West Energy representative will review the information provided and contact you to confirm account details and the requested service stop date. Additional information may be required before your request can be completed.

Submission of this form does not guarantee disconnection of service or account closure.



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