



Termination Request

Prepare the following information prior to setting up your service.
This form must be emailed to customercarehelp@burlingtonelectric.com
MUST BE LEGIBLE AND COMPLETE

Customer ID #

Location ID #

First Name

Middle Initial

Last Name

Street Name (for service)

Apt #, Floor, N,
E, S, W

Termination Date

Last 4 digits of Social
Security #

****We terminate by 8am on date requested. No Weekends or Holidays****

Driver's License #

State Issued

Forwarding Address
for Final Bill with zip code

E-mail address

Customer Signature

Today's
Date

Prepared By

Organization

Phone Number

Note:

Regular Customer Care hours are Monday-Friday 8am-4:30pm (drive-thru until 5pm).
New Service or terminations cannot take place the same day your request is made.