



**Mora-San Miguel Electric Cooperative, Inc.**  
**P.O. Box 240**  
**Mora, NM 87732**  
**575-383-4270/800-421-6773**  
**Fax: 575-387-5975**

**MEMBER/CONSUMER REQUEST FOR DISCONNECT/TRANSFER  
OF ELECTRICAL SERVICE**

Please complete the form in its entirety. Please mail or fax the form along with a copy of Member/Consumer's driver's license.

Name on Account: \_\_\_\_\_

Account #: \_\_\_\_\_ Meter #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Requested Date for Disconnect: \_\_\_\_\_

Contact Phone, Cell Number: \_\_\_\_\_

Forwarding Address for Final Bill: \_\_\_\_\_

**TRANSFER OF SERVICE:**

I authorize the transfer of this service to: \_\_\_\_\_  
(new account holder's name)

New Customer's Address: \_\_\_\_\_

New Customer Phone Number: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE, Primary Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE, MSMEC Supervisor/Manager  
Authorizing Disconnect

\_\_\_\_\_  
Date