

NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE, INC.
CUSTOMER-REQUESTED DISCONNECT

Notice is hereby given to Northern Rio Arriba Electric Cooperative, Inc. that the undersigned party or parties whose current service is recorded in the name(s) of:

_____	_____
(NAME)	(ACCOUNT NO.)
_____	_____
(NAME)	(SOC. SEC. NO)

IS / ARE HEREIN REQUESTING A:

- SERVICE DISCONNECT (3 Working Days Minimum Notice)
(You cannot disconnect with any outstanding contracts)
- SERVICE ACCOUNT NAME CHANGE
- MEMBERSHIP TERMINATION
- CHANGE MAILING ADDRESS
- DISCONNECT / REMOVE SECURITY LIGHT
(Can NOT void 5 year service agreement)

AT:

(LOCATION)

(ADDRESS)

(CITY/STATE/ZIP CODE)

EFFECTIVE ON:

(DATE)

I/We agree to pay to Northern Rio Arriba Electric Cooperative, Inc. any and all outstanding bills not yet received but owed on this account. The correct billing address for any subsequent billing, Capital Credit Refunds, or other Refunds is:

(NAME)

(FORWARDING ADDRESS)

(CITY/STATE/ZIP CODE)

(TELEPHONE NO.)

_____ (SIGNATURE)	_____ (DATE)
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_____ (SIGNATURE)	_____ (DATE)
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NORA FORM RULE 8-10/24/94

FOR OFFICAL USE ONLY:

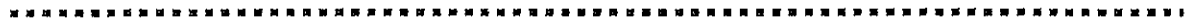
CHECKED ANCILLARY: _____ CHECKED DETAIL (MIN BILL): _____

NOTARY:

On this _____ day of _____, 20____, before me appeared _____ to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledge that _____ executed the same as _____ free act and deed.

WITNESS my hand and official seal the day and year last above written.

My commission expires _____
Notary Public _____



NOTARY:

On this _____ day of _____, 20____, before me appeared _____ to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledge that _____ executed the same as _____ free act and deed.

WITNESS my hand and official seal the day and year last above written.

My commission expires _____
Notary Public _____