



# Disconnect Request GOLDEN VALLEY ELECTRIC ASSOCIATION

"Owned by those we serve"

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Office Use Only

Member # \_\_\_\_\_

Name \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Location of Service(s) OR Meter Number(s) to be Disconnected Account Number(s)

\_\_\_\_\_  
\_\_\_\_\_

### Update Your Contact Information:

Mailing Address: \_\_\_\_\_

Primary Phone No: \_\_\_\_\_ Cell  Land  Email: \_\_\_\_\_

Alternate Phone No: \_\_\_\_\_ Cell  Land

Is Location Winterized?  
(If scheduled shut off between the months of Sept. – Apr.) Yes  No  Comments \_\_\_\_\_

GVEA assumes no responsibility for damages that may occur as a result of power disconnection.

New Owner/Agent Contact Information: \_\_\_\_\_  
(If location will be disconnected)

Date You Would Like Service Disconnected: \_\_\_\_\_  
(Disconnect will occur any time after 8:00 a.m.) Month /Day / Year

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Printed Name of Account Holder

\_\_\_\_\_  
Date