

Please fax this completed form to 866-392-6814 or email to brokerdesk@criusenergy.com

»» Existing Account Information:

Customer Name:	Account Number(s):
Phone Number:	Fax Number:
Email:	TriEagle Account Manager:

»» Please REMOVE the meter below from my existing TriEagle account:

Service Address:		
City:	State:	Zip:
ESI-ID:	Phone:	
Requested date that service should be turned OFF (must be at least 5 business days from today) *:	Reason for Delete:	

* Meter connections and disconnections are performed by the Local Distribution Company (poles & wires company) at their sole discretion. Therefore, TriEagle cannot warrant or guarantee that the meter activity will be performed on the requested date(s).

»» Verify Billing Address for final bill:

Street:		
City:	State:	Zip:

By signing below, I understand that power at this location will be DISCONNECTED. I also understand that there may be termination fees associated with this cancellation pursuant to my Agreement if I have not fulfilled the full term of that Agreement. I am at least 18 years of age and legally authorized to contract with TriEagle Energy, LP for the address listed above.

»» _____ Title
Authorized Signature

_____ Date
Printed Name

PUC CERTIFICATION NO. 10064