

REQUEST FOR PHYSICAL DISCONNECT

Account Number			
*Legal Owner's Name			
*Legal Owner's Address			City
*Phone Number	*Last F	our Digits of Social S	ecurity Number
I request that the power at	*Address (please	print clearly)	City*City (please print clearly)
*Meter Number	_ be removed from this l		*Date Needed By
*Please indicate reason for th	is request. If unsure plea	ase call (218) 355-264	4 for assistance.
	powerlines due to one of have power at this locat	•	demolition, house move, etc. The
Please explain:			
O Plan to rebuild: Will the Please explain:	e property require electric		
not be held responsible for ar	ly damage at the addres	s above due to discon	t and agree that Minnesota Power will inuation of electrical service. 12 months, under my account, I will be
back-billed the monthly minim	nums for up to 12 months Power is requested to r	S.	location in the future all applicable Line
This request must be received be contacted after receipt of r	, .	the date power needs	to be physically disconnected. You may
*Name (print)(please p	*Signa	ture	*Date
(please p	rint clearly)		
Return form to: Minnesota Po 3215 W. Arrov Duluth, MN 5	vhead Rd.	Fax: 218-720-2795	

Attention: New Construction

^{*}Information is required to complete this request—Incomplete documentation may delay the date power is turned off.