# Disconnect/Reconnect Application

| Invoicing Information to be filled out on application ⬇ | Site Discon/Recon is to take place, to be filled out on application ⬇ | | |
|---|---|---|---|
| | Reason: | | |
| Name: | Address: | | |
| Address: | | | |
| | Name of Person if on site: | | |
| Contact Phone Number: | Phone Number: | | |
| Date of submission to Electra: | Disconnect: | Date: | Time: |
| Email completed Request to: servicerequests@electra.co.nz | Reconnect: | Date: | Time: |