

Disconnect Request

Wireless DSL

Account Number _____
Name _____
Street Address _____
City, State, Zip _____
Home Phone _____ Alternate Phone _____

Current Balance Due _____

Disconnect Date (On or After) _____

Contract Expiration Date _____

Early Termination Penalty (\$ _____)

_____ Date Customer Requested Disconnect _____

_____ Date Account Turned Off _____

_____ Date Service Turned Off _____

Notes _____

_____ Date Equipment Pulled _____

Equipment Picked Up

_____ Radio _____ Radio Mount _____ Dish Unit
_____ Motorola box _____ PoE _____ Power Supply
_____ Crossover
_____ Other _____

Submitted By _____