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CUSTOMER SERVICE
DEPARTMENT

Barbara Watts
Customer Service Manager

REINSTATEMENT OF UTILITIES FORM

AND

CANCELLATION OR REVISED CHANGE ORDER FOR UTILITY SERVICES

Name on Account: _____

Service Address: _____

Account No.: _____

I, _____ NAME _____, am requesting to cancel and/or change the disconnection request that I submitted for _____ DATE OF ORIGINAL DISCONNECT REQUEST _____. I am requesting this change due to the fact that I am:

- 1) Not moving _____
- 2) Changed my moving date to _____

Please continue my services at _____ SERVICE ADDRESS _____ in my name _____ as of this date _____.

I also accept responsibility for any expenses incurred to fulfill this request.

Customer Signature: _____ Date: _____

CSR Signature: _____ Date: _____