

East-Central Iowa Rural Electric Cooperative

www.ecirec.coop

Stop Electric Service

First	Middle	e Initial	Last
Cell Phone:		Landline:	
Email Address:			
anization Name (if applicab	le)		
Iress of Service Location			
Address:			
City:	State:	Zip:	<u></u>
ective Date of Discontinuing			
MM/DD/YYYY:			
warding Address			
g			
Address:			
_			
Address:	State:	Zip:	
Address:	State:	Zip:	