



# REQUEST for DISCONNECTION of SERVICE

## 1

Date Activity UIC

**Requestor Information**  
Requestor Code  
Telephone/DSN Email address  
Point of Contact Telephone

## 2

**Type of Service:**

**Service Information**  
**Location of Area Being Served:**  
**NAVFAC Utility Contract Number:**  
**Utility Account Number:**

## 3

**Remarks**

- PROVIDE CONNECTION POINT DRAWING/ EQUIPMENT SCHEDULE & SITE UTILITY DRAWINGS
- SUBMIT ELECTRONICALLY TO [NFECL\\_utilitiesacquisition@navy.mil](mailto:NFECL_utilitiesacquisition@navy.mil) .