



CUSTOMER REQUEST FOR METER AND LINE REMOVAL

Form 713S
08/2017

LES ACCOUNT NUMBER(S) _____ METER NUMBER(S) _____

SERVICE ADDRESS _____

OWNER'S NAME _____

OWNER'S ADDRESS _____

OWNER'S TELEPHONE NUMBER(S) _____

DATE REMOVAL NEEDED _____

REASON FOR REMOVAL _____

I understand that I am requesting a **COMPLETE** service removal (wire to the property and meter). This request will remove the entire LES service connection up to the meter socket. If I wish to reconnect the service after this removal, I will be responsible for all charges related to labor, material, equipment, and overhead. An approval from the appropriate code agency (permits) will be required for reconnection.

AUTHORIZED SIGNATURE _____

DATE OF REQUEST _____

A MINIMUM OF TWO WORKING DAYS FROM THE DATE THIS REQUEST IS RECEIVED IS REQUIRED BEFORE SERVICE REMOVAL CAN BE COMPLETED. THIS WORK MAY TAKE LONGER THAN TWO WORKING DAYS AND IS DEPENDENT ON CREW AVAILABILITY.

RETURN THIS FORM TO:

Attn.: Customer Care
Lincoln Electric System
1040 O Street
P.O. Box 80869
LINCOLN NE 68501-0869

Phone: 402.475.4211
Fax: 402.742.4891
Email: customerservice@les.com

INTERNAL USE ONLY: For any commercial accounts with a 200 amp service or greater, send a copy of this form to Engineering Services (Customer Services Engineering Supervisor).

Distribution: LES staff complete, process, and file as appropriate. If commercial account with 200 amp service or greater, send copy to Engineering Services.
Classification: Internal/Division
Retention: ACT+6Y (ACT=Current Year)