



RICHMOND POWER & LIGHT

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STOP SERVICE REQUEST

NAME ON ACCOUNT: _____

ADDRESS TO BE DISCONNECTED: _____

DATE FOR SERVICES TO BE DISCONNECTED: _____

SOCIAL SECURITY NUMBER FOR ACCOUNT HOLDER: _____

MAILING ADDRESS FOR FINAL BILL: _____

PHONE NUMBER: _____

SIGNATURE OF ACCOUNT HOLDER: _____

Please attach a copy of your valid US photo ID to request for disconnection of services.

Please return the completed form using our secure file transfer platform, SendSafely. Click the link or scan the QR code below to access the site. Forms submitted via fax are also accepted.

<https://rp-l.sendsafely.com/dropzone/customerservice>

