

Disconnect Request Form

This form may be returned by mail or fax:
PO Box 108800, Oklahoma City OK 73101-8800
fax: 405-225-9250

Today's Date _____ Effective Disconnect Date _____

Account Name _____

Billing Acct # _____ Federal ID # _____

SERVICES TO BE DISCONNECTED

Dedicated Circuit

56K

Single

T1

Multiple

Other

Special Instructions _____

**If you are disconnecting circuits and we provide your email and web services, you
MUST complete the information below, or you will be responsible for web and email charges.*

Email / Web Services

Domain Name(s): 1) _____

2) _____

3) _____

Single User Dial Up

Dial Up Name _____

Dial Up Name _____

Login ID _____

Login ID _____

Dial Up # _____

Dial Up # _____

Dial Up Name _____

Dial Up Name _____

Login ID _____

Login ID _____

Dial Up # _____

Dial Up # _____

Signature of Authorized
Representative: _____
Date: _____