



HAWAIIAN ELECTRIC
SERVICE DISCONNECT/RECONNECT REQUEST FORM

Date _____

REQUESTOR INFORMATION:

Name and Title _____
Company Name _____
Telephone Number _____

JOB INFORMATION:

Meter Number _____
Address / Location _____

Description of Work

Identify if the following is involved:

Switchgear/Switchboard=

Transformer /Vault Number:

JOB SITE

Contact Name _____

Telephone Number _____

Job Date _____

Disconnect Time _____ **AM/PM** **Estimated Duration (hours)** _____