MOVE OUT REQUEST FORM

The customer is responsible for granting meter access to the TDU in order to complete the Move Out.

Account Name:	Account Number:
Service Address:	Apt /Unit
City: State: Zip:	Date:
ESID# : Move-Out Date:	Remove Meter
MVO will processed for 3 business days from the date received unless *Note: The TDU may take up to 5 business days from the requested MV	a specified future MVO date O date to complete the order.
Cancellation Type: (Please select one the following)	
☐ (Selling Business) - Please complete transfer of ownership Call 1-866-917-8271	
☐ (Moving Locations) - Please complete transfer of service Call 1-866-917-8271	
☐ (Closing Business) - Please include proper documentation of c	losing:
☐ - Bankruptcy	
☐ - Lease Expiring	
☐ - Tax Form	
Proof of Power of Attorney if applicab	le
☐ - Other Reason	
☐ (Unit Move out) - e.g Corporate Housing	
By authorizing below I am canceling my electric service agreement with Constellation and requesting a Move-out (disconnect) of service. I also understand that early termination fees may apply as described in the terms of service if the term of the agreement has not been completed. I am the original signee of the contract, possess Power of Attorney, or authorized agent requesting termination of electric service for the premise mentioned above.	
Name: Authorized Sign Date: Sign Final Bill Forwarding Address Information:	nature:
Customer Name:	
Phone:	
Address:	Apt /Unit
City: State: Zip:	
Places a mail this form to: SMPCaraTV@caratellation a	om or fox to 1 966 711 2000

Please e-mail this form to: SMBCareTX@constellation.com or fax to 1-866-714-2990

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