

North Little Rock Electric Department
Agreement for *Cancellation* of Levelized Billing

Name: _____ Phone Number: _____
(As it appears on your electric bill stub – please print)

Electric billing Account Number: _____
(As it appears on your electric bill stub – please print)

Service Location: _____
(As it appears on your electric bill stub – please print)

Mailing Address: _____
(* If different from Service Location – please print)

I hereby request my Electric Account be removed from Levelized Billing. I understand, by signing this cancellation agreement, settlement of the balance of the account, whether debit or credit, shall be made within thirty (30) calendar days from the date on this notice of termination.

Date: _____

Signature: _____

Please return this signed form to:

**North Little Rock City Services
Levelized Billing Department
P. O. Box 936
North Little Rock, AR 72115-0936**

For more information call 501-975-8888 or visit our website at www.northlittlerock.ar.gov

For internal use only

Received: _____ eDocX: _____ (clerk initial and date)