

RELEASE FORM TO RECONNECT POWER

Date: \_\_\_\_\_

Account #(s) : \_\_\_\_\_

Name on Acct: \_\_\_\_\_

Service Location Address: \_\_\_\_\_

I authorize Clay Electric to reconnect my service. I understand that Clay Electric is not responsible for any damage that may occur from reconnection of power.

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Witness