

**BEFORE THE PUBLIC UTILITIES COMMISSION OF NEVADA**

**DISCONTINUANCE OF SERVICE REQUEST FORM**

It is the **applicant's responsibility** to comply with all applicable statutes and regulations of the Public Utilities Commission of Nevada ("Commission").

In the Matter of the Application of \_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
to discontinue service conducted under License G- \_\_\_\_\_. )

**DISCONTINUANCE OF SERVICE REQUEST**

The Application of \_\_\_\_\_  
\_\_\_\_\_ )  
to discontinue service conducted under License G- \_\_\_\_\_. )

This Application is filed pursuant to Nevada Revised Statute 704.390, to give the Commission 30 days notice of the proposed discontinuance of service.

A. Provide a detailed description of the character and nature of the discontinuance requested. (If more space is required, attach an **Exhibit A.**)

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B. Provide a description of the customers currently served and the manner in which those customers will be affected by the proposed discontinuance of service. (If more space is required, attach an **Exhibit B.**)

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WHEREFORE, Applicant requests that the Public Utilities Commission of Nevada enter an order granting the requested relief.

EXECUTED at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
(city and state)

Signature of Attorney for Applicant (if any):

Signature of Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

**OATH**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, states that he/she files this  
(Name of Affiant)

application as \_\_\_\_\_ ; that in such capacity,  
(relationship to Utility, i.e. owner, officer, director, etc.)

he/she is qualified and authorized to file and verify such application; that he/she has carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of his/her knowledge, information and belief. Affiant further states that the application is made in good faith, with the intention of presenting evidence in support thereof in every particular.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me, a  
Notary Public in and for the State and  
County named above, this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(SEAL) Notary Public