



Wilhelminastr 110
Oranjestad, Aruba
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website: www.elmar.aw

Termination of Service

Customer #: _____
Location #: _____
Date: _____

Personal information:

ID#: _____ KvK#: _____
Last Name: _____ Name: _____
Company Name: _____
Address: _____
Mailing address/P.O. Box: _____
Tel #: _____ Work #: _____ Cell #: _____
Email: _____

Connection service:

Plot address: _____

Undersigned _____
wishes to terminate an existing electrical service with the above mentioned customer and location
number per: ____/____/____ (day/month/year)

Signature client

Place and date