

What would you like to cancel?



**STADTWERKE
DREIEICH**

Electricity Gas Water

1 Personal details/Place of provision

!!! PLEASE FILL IN USING BLOCK CAPITALS !!!

| | | | |
|--|--|--------------------------|------|
| Mr. <input type="checkbox"/> | | | |
| Ms. <input type="checkbox"/> | | | |
| Last name | | First name | |
| Street, house number (where service is being canceled) | | Zip code | City |
| Date of cancellation | | PIN (customer number)/RE | |

2 Owner/Landlord details

| | | | |
|------------------------------|--|------------|------|
| Mr. <input type="checkbox"/> | | | |
| Ms. <input type="checkbox"/> | | | |
| Last name | | First name | |
| Street, house number | | Zip code | City |

3 Meter reading upon moving out (must be provided)

| | Meter number | Meter reading | Date of reading |
|-------------------------------|--------------|---------------|-----------------|
| Electricity HT (kWh) | | | |
| Electricity NT (kWh) | | | |
| Natural gas (m ³) | | | |
| Water (m ³) | | | |
| | | | |

4 Forwarding address

Valid from:

| | | | |
|------------------------------|--|------------|------|
| Mr. <input type="checkbox"/> | | | |
| Ms. <input type="checkbox"/> | | | |
| Last name | | First name | |
| Street, house number | | Zip code | City |

5 I hereby confirm that the above information is correct.

City, date, signature

Stadtwerke Dreieich GmbH

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