



LibertyPower®

Move-Out Request Form

Please complete form and send by secured fax to Liberty Power at: 954-208-0207

Contact Name _____

Business Name _____

Company Supporting
Documentation _____

Service Address _____

Service
City, State, Zip Code _____

Business Address _____

Business
City, State, Zip Code _____

ESI ID _____

Meter / Other
Number _____

Move Out Date _____

Type of Verification
If applicable _____

Early Termination Fee _____

Landlord Name _____

Landlord Signature _____

Customer: You are responsible for paying for all services rendered until disconnection of service by the local utility

Note: By signing this document, you are stating that all information is true and accurate. Any form of falsification or misinformation may result in legal action by Liberty Power.

Customer Signature

Date

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