



SAINT LOUIS COUNTY
Transportation and Public Works

DISCONNECT RECONNECT FORM

CONTRACTOR: COMPLETE ALL LINES BELOW & EMAIL TO:

ELECTRICALOSR@STLOUISCOUNTYMO.GOV

Permit number: (including year & letters) _____

(Name of person requesting)

(Contractor Company Name)

(Size of service, amp/volt/phase/wire/ UG or OH mast point of attachment or OH BLD POA)

Located at: _____
(Street address of job site and zip code, Unit #'s) Must include zip!

Owner/ Tenant:

Type of work to be done:

Premise number(s) including unit numbers if applicable: (ONLY ONE PREMISE
NUMBER PER FORM)

Date: _____

DISCONNECT/RECONNECT ARE VALID FOR 60 DAYS: