



K'awaika Hanu Internet Request to Disconnect Internet Service Form

KHI Account No: _____

Full Name OR Company Name: _____

_____ Mailing Address

_____ City

_____ State

_____ Zip

_____ Home Phone

_____ Cellphone

_____ Message Phone

_____ Email Address

_____ Alternate Email Address

Service Address (if different from mailing address):

_____ Address (include house #)

_____ City

_____ State

_____ Zip

Type of Disconnection: Please select one option.

- Temporary Disconnection – internet service can be disconnected up to 90 days

Disconnection Date: _____ Reconnection Date: _____

- Permanent Disconnection – internet equipment will be picked up and disconnection fee will be assessed

Reason for Disconnection: Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Financial | <input type="checkbox"/> Internet Service* |
| <input type="checkbox"/> Computer Issues | <input type="checkbox"/> Competitor |
| <input type="checkbox"/> Not Using | <input type="checkbox"/> Other* |

*Please explain.

By signing the Request to Disconnect Internet Service Form, I acknowledge that the above information is true and current and that I have the authority to request for changes as indicated on this form further agree to have K'awaika Hanu Internet changes in accordance with the Terms and Conditions of KHI.

Signature: _____

Date: _____