



MAYOR  
*Linda Blechinger*

CITY CLERK  
*Joyce Brown*

COUNCIL  
*Peggy J. Langley*  
*Robert L. Vogel III*  
*Bill Ackworth*  
*Jay L. Riemenschneider*

## UTILITY DISCONNECTION FORM

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Last 4 digits of Social Security number: \_\_\_\_\_

Address to be disconnected: \_\_\_\_\_

\_\_\_\_\_

Date for disconnection: \_\_\_\_\_

(we do not disconnect on weekends or holidays)

Mailing address for final bill: \_\_\_\_\_

\_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Daytime Contact Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_