

PLEASE CONTACT THE CITY OFFICE AT 402-764-2561 FOR MORE INFORMATION ABOUT THIS PROCESS BEFORE RETURNING THIS FORM.

**REQUEST TO DISCONTINUE UTILITY SERVICE**

\_\_\_\_\_, 20\_\_

I (We) hereby request my (our) utilities of **Natural Gas, Electric, Water, Sewer**  
(Please circle service(s) affected)

service from the City of Stromsburg located

at: \_\_\_\_\_  
(Address)

to be read out and disconnected OR readout and left on to -  
(Please circle choice)

\_\_\_\_\_  
(Name)

on \_\_\_\_\_.  
(Date)

I (We) will see that the City has access to all meters at that time. I (We) promise that the final bill will be paid in full upon receipt.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Cell Number

**FOR OFFICE USE ONLY**

Route # \_\_\_\_\_

APPLY DISCONNECT/RECONNECT FEE: YES OR NO

Customer # \_\_\_\_\_

**\*\*IF ON BUDGET DISCONTINUE AT THIS TIME\*\***