

Account Number:

aschrimpf@holtssummit.org

Requested Disconnection Date: _____ Service Address: _____

Customer Name: _____ **Spouse/Roommate Name:** _____

Forwarding Address for final bill:

Phone: () - **Alternate Phone:** () -

If rental property, Landlord's Name:

1. The Customer(s) hereby makes application for service to be disconnected at the above address and agrees to abide by the Holts Summit City Ordinances and the rules and regulations now in effect, or that may be hereafter adopted, governing the rules and regulations.
2. The Customer(s) understands that all statements made herein are true and accurate to the best of Customer(s) belief.
3. The Customer(s) understands that they could be responsible for one more bill after they submit the disconnection form.

Customer	Date
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Sewer Clerk	Date
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CITY USE ONLY

Date Final Bill Mailed:

Notes:

Amount of Final Bill:

Date Paid:

Method of Payment: