City of Gaylord

509 Main Street – PO Box 548

Gaylord, KS 67638

785-697-2697

REQUEST FOR TERMINATION OF SERVICES

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am requesting to terminate the following

services (check all that apply) \_\_\_\_ Water, \_\_\_\_\_ Sewer, \_\_\_\_\_ Trash, at the

following physical location address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date for services to be terminated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Address to send the final billing on account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY

Account # \_\_\_\_\_\_\_\_\_\_\_\_ Name on Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meter Reading at the time of termination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_