**City of Glen Elder Phone:** 785-545-3322

 213 S. Market Street **Fax:** 785-545-3342

 P.O. Box 55 **Email:** glcity@nckcn.com

 Glen Elder, KS 67446-0055

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Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby request the City of Glen Elder to disconnect the utility services at the following address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Disconnect Service(s) Indicated Below:

 Electricity \_\_\_\_\_\_\_ Water \_\_\_\_\_\_\_ Sewer \_\_\_\_\_\_\_ Trash\_\_\_\_\_\_\_

Date to disconnect service from my name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(New) Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only:

Date of Disconnect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or)

Date of Transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of person transferred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_