



**APPLICATION FOR  
DISCONTINUANCE OF CITY UTILITIES**

**City of Glen Elder**  
213 S. Market Street  
P.O. Box 55  
Glen Elder, KS 67446-0055

**Phone:** 785-545-3322  
**Fax:** 785-545-3342  
**Email:** glcity@nckcn.com

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: \_\_\_\_\_