

Account # _____

Prorate: _____

Final Meter Reading:

CITY OF OSCEOLA

350 N. State, P.O. Box 701
Osceola, NE 68651
402-747-3411

DISCONNECTION OF UTILITY SERVICE

Name(s) Utilities Currently In: _____

Forwarding Address: _____

Location to be disconnected: _____ Mailing Address: _____

Phone Number: _____ Date of Disconnection: _____

Signature of Applicant(s)

Date

City Employee

Date

For Utility Office Use:

Date Final Payment Received: _____

Amount of Deposit Returned: \$ _____ Date Returned: _____

Reason Deposit Not Returned: _____

Date landlord notified of the disconnection: _____

◆ Utilities Back Into Landlords Name

◆ Shutoff Utilities

MOVE OUT Completed ____ By _____ Date _____