

Account # _____

Prorate: _____

Final Meter Reading:

CITY OF OSCEOLA

350 N. State, P.O. Box 701
Osceola, NE 68651
Fax: 402-747-8191
402-747-3411

DISCONNECTION OF UTILITY SERVICE

Name(s) Utilities Currently In: _____

Location to be Disconnected: _____

Date of Disconnection: _____ Phone Number: _____

Forwarding Address: _____

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
- Utilities Moved New Renter
- Utilities Moved to New Owner

MOVE OUT Completed _____ By: _____ Date: _____