

City of Seminole, OK

DATE: _____

Disconnect Utility Service Request

VALID PHOTO ID IS REQUIRED

SERVICE ADDRESS: _____

DISCONNECT DATE: _____

FUTURE MAILING ADDRESS: (Where do we mail final bill to?) _____

YOUR NAME: _____ NAME ON ACCT: _____

IDENTIFICATION NUMBER: _____

PHONE NUMBER: _____

I have filled out the above application to disconnect service. If any false information is provided, it can result in denial of future services.

I understand that I am responsible for all charges on this account.

Signature

Date

OFFICE USE ONLY

VERIFIED: PHOTO ID / ACCT/ BOTH / OTHER _____

VERIFIED BY: _____ DATE: _____

ADDRESS CHANGED? _____ DISCONNECT DATE VERIFIED? _____

NOTES: _____
