

# City of Seminole, OK

## Disconnect Utility Service Request

**VALID PHOTO ID IS REQUIRED**

NAME: \_\_\_\_\_ NAME ON ACCT IF DIFFERENT: \_\_\_\_\_

ADDRESS TO TURN OFF: \_\_\_\_\_

DISCONNECT DATE: \_\_\_\_\_ FUTURE MAILING ADDRESS: (Where do we mail final bill?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

AUTO DRAFT? \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_