

Account # \_\_\_\_\_  
 Prorate: \_\_\_\_\_  
 Final Meter Reading:  
 \_\_\_\_\_



The City of

**OSCEOLA**

Home of Four Governors

350 N State Street | P.O. Box 701 | Osceola, NE 68651  
 Phone: (402) 747-3411 | Fax: (402) 747-8191

## 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: \_\_\_\_\_