

DISCONNECTION REQUEST FROM THE CITY OF MITCHELL UTILITIES

612 N MAIN ST MITCHELL SD 57301 FAX: 605-995-8054

The undersigned hereby requests to be disconnected from the City of Mitchell utilities. Furthermore, the undersigned consents to be responsible for paying the remaining balance due for services received up to the disconnection date.

Street address to be disconnected _____

Date requested for disconnection _____

Forwarding address _____

Phone number _____

Owner of property Yes No Sold property Yes No

Landlord/New Owner _____

Signature _____

Date _____ 20 _____