



110 N Smith Ave  
PO Box 350  
Kenesaw NE 68956  
402.752.3222

**Request for Disconnection of Services  
Water/Sewer/Garbage**

DATE OF REQUEST: \_\_\_\_\_

DATE SERVICES TO END: \_\_\_\_\_

Customer/Applicant Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Rent \_\_\_\_\_ Own \_\_\_\_\_

Mailing Address (for final bill): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

**\*\*IF RENTAL\*\***

Landlord's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Signature of Tenant/Owner:** \_\_\_\_\_

**OFFICE USE:**

Final Meter Reading: \_\_\_\_\_ Date: \_\_\_\_\_

Water Service off: \_\_\_\_\_ by: \_\_\_\_\_ Toter picked up: \_\_\_\_\_ by: \_\_\_\_\_

Deposit Returned (if applicable): \_\_\_\_\_

Amount of return: \_\_\_\_\_

CHK# \_\_\_\_\_ Amt: \_\_\_\_\_

Applied to account: \_\_\_\_\_