
Village of Kenesaw

109 N Smith Avenue – 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: _____