Disconnect Reading: _____

Account Number: _____

City of Holts Summit
213 S Summit Drive
P.O. Box 429
Holts Summit, MO 65043
(573) 896-5600
jortiz@holtssummit.org

Sewer Disconnection Form

Requested Disconnection Date: _____ Service Address: _____

Customer Name: _____ Spouse/Roommate Name: _____

Forwarding Address for final bill: _____

_____

Phone: ( ) - Alternate Phone: ( ) -

If rental property, Landlord's Name: _____

The Customer(s) covenants and agrees with the City that in consideration of the City having provided any or all of the services that:

1. The Customer(s) hereby makes application for service to be disconnected at the above address and agrees to abide by the Holts Summit City Ordinances and the rules and regulations now in effect, or that may be hereafter adopted, governing the rules and regulations.
2. The Customer(s) understands that all statements made herein are true and accurate to the best of Customer(s) belief.
3. The Customer(s) understands that they could be responsible for one more bill after they submit the disconnection form.

_____ _____

Customer Date Sewer Clerk Date

FOR CITY USE ONLY

Date Final Bill Mailed: _____ Notes: _____

Amount of Final Bill: _____ _____

Date Paid: _____ _____

Method of Payment: _____

_____