



300 E Maple St  
Columbus, KS 66725  
Phone: (620) 429-2159  
Fax: (620) 429-1159

## SERVICE DISCONNECT REQUEST

I request the service to be disconnected at the following address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Requested Date for Service Disconnection

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Is this property a rental?     No     Yes

\_\_\_\_\_  
If Yes, Landlord's Name

\_\_\_\_\_  
Forwarding Address for the Final Bill