

Internal Use Only:
Received: _____
Initials: _____

**City of Ottawa, KS Utility
Customer Request for Disconnect**



Customer Name: _____ **SSN:** _____

Service Address: _____ **Acct #:** _____

Disconnect Date: _____ **(MM/DD/YYYY)**

Which services are we disconnecting?

Electric _____ **Water** _____ **Both** _____ **Area Light** _____

Forwarding Address: _____
(For final bill)

How may we contact you?

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

**City Hall
Ph: (785) 229-3600**

**101 S Hickory St
Fax: (785)229-3610**

P.O. Box 60

**Ottawa, KS 66067-0060
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