

# Village of Lodgepole Utility Stop Services Request

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Minimum 48-hour notice required

Date \_\_\_\_\_

Account name \_\_\_\_\_

Account number \_\_\_\_\_

Service address \_\_\_\_\_

Disconnect date (only Mondays – Fridays) \_\_\_\_\_

Disconnect (check appropriate box)

- Water       Trash       All services

Please check the box that applies to stop service at this address:

- Owner selling this home, closing date \_\_\_\_\_
- Owner renting this home, new tenant will apply
- Owner temporarily away or seasonal shut-off
- Renter moving from this home – name of Owner \_\_\_\_\_
- Renter temporarily away or seasonal shut-off
- Other \_\_\_\_\_

If moving, forwarding address to send final bill \_\_\_\_\_

Phone number \_\_\_\_\_

By signing or typing my name below, I acknowledge that I am responsible for any unpaid balance on my account. I further understand that a final bill for service through the disconnect date will be sent on the next billing date(s). Any account balance for this service address or any other closed accounts in my name will be deducted from my deposit. I am responsible for any charges remaining on my account that not covered by the deposit. If a deposit refund is due, it will be sent to the forwarding address provided above within 4-6 weeks after the final bill is mailed.

Requested by signature \_\_\_\_\_

.....

Date disconnects performed \_\_\_\_\_

Deposit refund \_\_\_\_\_ Date account updated \_\_\_\_\_

Clerk signature \_\_\_\_\_

Water reading \_\_\_\_\_

Maintenance signature \_\_\_\_\_