

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 Electric Solid Waste 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 _____

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Date disconnect performed _____

Deposit refund _____

Electric reading _____

Water reading _____

Maintenance signature _____