

VILLAGE OF BIRCHWOOD

101 N. MAIN STREET
BIRCHWOOD, WI 54817

Disconnection of Utility Service

SERVICE LOCATION INFORMATION

Account #: _____ - _____ - _____

Name on Account: _____

Co-Applicant on Account: _____

Service Address: _____ Zip Code: _____

What kind of disconnection will this be? (circle one): Temporary* Permanent

*A temporary disconnection is for construction projects, leave of absense or winterization of a home. Please contact the Village if you have questions.

Date of Service Disconnection: _____

Reconnection Date (if temporary): _____

FORWARDING ADDRESS FOR FINAL BILL

Full Name: _____

Mailing Address: _____

City/State: _____ Zip: _____ Phone: _____

I understand that disconnection of service does not release me from my responsibility to pay. I understand that I will be required to pay any outstanding balance before I can receive new service at another location, or that a security deposit may be required.

Applicant Signature: _____ Date: _____

Co- Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Meter Reading: _____

Date Read: _____