



CITY OF LEOTI

Council Meeting
1st & 3rd Monday – 7:00 p.m.

DISCONNECTION OF SERVICES

Name			
Address			
City	State	Zip Code	
City Account Number(s)			

- Water/Sewer
 Sanitation/Landfill
 Yard waste (only disconnected after service agreement fulfilled)

Billing Address for Final Bill:

Name		
Mailing Address		
City	State	Zip Code

This is authorization for the City of Leoti, City Clerk to discontinue the selected service.

To be effective	
Authorized Signature	Date

Comments

Receiving Agent _____ Date _____