



utilitybilling@springhillks.gov

(913) 592-3626

REQUEST TO DISCONNECT UTILITIES

I, _____, hereby request the following utility service work orders:

Today's Date: ____/____/____ Account Number: _____

Date to Disconnect Utilities: ____/____/____ Time: ☐ 9:00AM ☐ 1:00PM ☐ 4:00PM

Customer Name(s): _____

Service Address: _____

Mailing Address/Forwarding Address: _____

Phone Number: _____ Driver's License Number: _____

Customer Signature(s): _____

OFFICE USE ONLY

Received By: _____ Service Order Completed: _____

Waste Management Notified: _____ Scanned: _____