

THE CITY OF

SpringHill

KANSAS

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: _____