

**CITY OF SCOTTSBLUFF SERVICE TERMINATION**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

SERVICING ADDRESS \_\_\_\_\_

FORWARDING ADDRESS \_\_\_\_\_

IF RENTING, LANDLORD'S NAME & NUMBER \_\_\_\_\_

DATE FOR FINAL READING \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**For Office Use Only**

Utility Account Number \_\_\_\_\_ City Staff Initials \_\_\_\_\_

Date \_\_\_\_\_