



CITY OF WILLIAMSBURG, KANSAS

123 WEST WILLIAM, P.O. BOX 414, WILLIAMSBURG, KANSAS 66095

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UTILITY SERVICE DISCONNECT REQUEST

PLEASE PRINT

Name of Primary Applicant: _____ Date of Request: _____
(As listed on the initial connection application)

Date of Request: (today's date) _____ Date to be Disconnected: _____

Address where service is connected: _____

Mail final bill/refund to: _____

Home Phone: _____ Work Phone: _____

The customer has requested changes described above. The customer agrees to any fees that may be added to their account and accepts all responsibility connected to this request.

Primary Applicant

FOR OFFICE USE ONLY

ACCOUNT NO: _____

CONNECT DATE: _____

DEPOSIT AMOUNT: _____