



REQUEST TO DISCONTINUE SERVICES

This request must be completed and received by the Utilities Department at least two (2) business days prior to the requested discontinuation date. If the requested date falls on a weekend or city holiday, the request will be completed on the following business day.

☐ I am discontinuing utility services with the City of Minden.

UTILITY ACCOUNT & DISCONNECTION DATE

Date Request was Submitted:

Date to Discontinue Services:

Legal Name as listed on the Utilities Account:

Last 4 of the Social Security Number/FEIN associated with Utilities Account:

Current Utilities Account Number:

Current Service Address:

FORWARDING ADDRESS & CONTACT INFORMATION

Forwarding Address for Final Bill and/or Refund Check:

THIS MUST BE A DIFFERENT ADDRESS THAN THE CURRENT SERVICE ADDRESS

Best Contact Number:

Best Email Address:

CUSTOMER AUTHORIZATION & SIGNATURE

We/I, the undersigned, certify that all the information on this form is true and complete to the best of my knowledge. We/I understand that my final bill must be paid, and the deposit will be used to cover any outstanding balances. If there are none, the refund check will be mailed to my forwarding address within 60 days of the disconnection date and outstanding balances are paid to completion.

☐ I am the customer named above (residential)

☐ I am the owner and/or representative of the service location named above (commercial)

Printed Name:

Signature:

FOR CITY OF MINDEN USE ONLY

Entered By:

Date Changes were completed:

Approved By (Supervisor):

Date of Supervisor Approval: