## UTILITY BILLING DISCONTINUANCE OF SERVICE FORM

Town of Oologah ❖ PO Box 939 ❖ Oologah, OK 74053
Phone: (918)443-2783 ❖ Fax: (918)443-2616 ❖ www.TownofOologah.org

Service Address: Customer/Account #: _	
Owner Name:	
Mailing Address:	
Reason for Discontinuance: (Please select and complete the most application)	able section.)
This property has been sold are Escrow Close Date:	nd I am no longer responsible for service.
Title Company Name:	
For verification purposes, both the escro	ow close date and the title company name must be provided in
order to stop service in the current owner	er's name. Incomplete forms will not be processed.
Owner's Signature:	Date:
Requested Discontinue Date:	and must provide a minimum of one business days' notice.
be discontinued do hereby order in writing, the method of removing the polycart as of the da returned to the Town of Oologah, whichever charges for which I am liable. If any trash bill penalties added, a lien may be placed against Please be advised that it is unlawful for any presidence. Tampering with Town equipment	, the legal owner (or authorized agent) of the property to the discontinuance of trash removal for the location listed above by the requested above or the date this completed and signed form is is later. I also understand that all charges for trash prior to that date are for this address is not paid, the service may be discontinued with set the property or other legal steps as necessary will be taken. Deerson except authorized Town employees to remove polycart from a will result in fees being applied to the property water bill and non-see being disconnected. Personnel are available to replace polycarts at a with 24 hour notice. Please plan accordingly.
	ad and understand all information herein and that this discontinuance a tenant occupying said residence and that the house will be vacant on vice.
Owner's Signature:	Date: