



REQUEST FOR SERVICE – DISCONTINUE SERVICE - TENANT

City of Oshkosh Utilities • 215 Church Ave, Oshkosh WI 54901
Office: (920) 232-5325 Email: utilitybill@ci.oshkosh.wi.us

INSTRUCTIONS: This form MUST be COMPLETED in its entirety and returned to the Utility Accounting Office in order for your request to be processed. Please clearly print your name as you would like it to appear on your billing statement. Please include your mailing address if different from the serviced property address. Include a telephone number where you can be reached during business hours. **Your request will not be processed if it is incomplete or you fail to provide the required documentation.**

Serviced Property Information (REQUIRED)

Address:	City/ST/Zip:
MOVE OUT DATE (Required):	Account Number: (if known)
Service requests are for future dates only.	

Property Owner Information (REQUIRED)

PROPERTY OWNER NAME:	Phone:
	Landline: Cell Phone:
Name 2 or in C/O:	Email: (Optional)
	Bill Delivery: Mail: Email:
Address:	City/ST/Zip:

TENANT Final Bill Information (REQUIRED)

TENANT NAME:	Phone:
	Landline: Cell Phone:
Address for Final Bill:	City/ST/Zip:

I understand that once utilities have been approved and put into my name or taken out of my name, it is my responsibility to notify the utility of any changes in occupancy at this location. Further, I understand that I am responsible for the utility charges incurred at this location from the date requested of this application until I provide notice that I have moved and am no longer responsible for this utility bill. I FURTHER AUTHORIZE THE OSHKOSH UTILITIES TO BILL ME FOR SAID SERVICE AND I AGREE TO PAY FOR SAID SERVICE AT RATES ON FILE WITH THE WISCONSIN PUBLIC SERVICE COMMISSION AND/OR CITY OF OSHKOSH.

Signature:	Date:
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OFFICE USE ONLY:

Date Received:	Received By:
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