

# City of Lanagan

## Disconnection of Utility Services Request

205 Forest Street | PO Box 16 | Lanagan, MO 64847  
Phone: (417) 436-2226 | Fax: (417) 436-4774 | lanagan64847@gmail.com

Date for Disconnect: \_\_\_\_\_ (Next Day Service) Disconnect Type:  Temporary  Permanent

Service(s) Disconnecting:  Water  Trash

Name on Account: \_\_\_\_\_ Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ DL #: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PLEASE READ BEFORE SIGNING

For seasonal shut offs (temporary disconnection) there will be a \$50.00 reconnect fee that MUST be paid before water services are restored. To have service restored, contact City Hall and pay the reconnect fee and services can typically be restored in 1-2 business days.

I understand that my security deposit will be applied to the final bill. I agree to pay any interim bills prior to the final bill. If the final bill is less than the security deposit, a refund check will be mailed to the forwarding address provided on this form. I understand that the refund will be mailed within 6-8 weeks after service disconnection.

If the security deposit is less than the final bill, I agree to pay the balance due in full by the due date indicated on the final bill. I understand that failure to pay the balance due by the requested date will result in the account being turned over to a collection agency. I also agree to pay any collection or legal fees incurred by the City of Lanagan in collecting the balance of the account.

I have read and understand the above disclosures on disconnection.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### FOR OFFICE USE ONLY

Account #: \_\_\_\_\_ Serial #: \_\_\_\_\_ Final Meter Reading: \_\_\_\_\_

Date Account Closed: \_\_\_\_\_ Final Bill Total: \_\_\_\_\_ Refund Total: \_\_\_\_\_

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_