



# REQUEST FOR SERVICE – DISCONTINUE SERVICE - SELLER

City of Oshkosh Utilities • 215 Church Ave, Oshkosh WI 54901  
Office: (920) 232-5325 Email: utilitybill@oshkoshwi.gov

**INSTRUCTIONS: This form MUST be COMPLETED in its entirety and returned to the Utility Accounting Department in order for your request to be processed.**

- \* Please clearly print your name as it appears on your billing statement.
- \* Include your FINAL BILL mailing 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 information.**

### SERVICED PROPERTY INFORMATION (REQUIRED)

<b>Address:</b>	<b>City/ST/Zip:</b>
<b>DATE OF CLOSING (Required):</b>	<b>Account Number: (if known)</b>
Service requests are for future dates only.	

### BUYER/NEW PROPERTY OWNER INFORMATION (REQUIRED)

<b>BUYERS NAME:</b>	<b>Phone:</b>
	<b>Landline:            Cell Phone:</b>
<b>Name 2 or in C/O:</b>	<b>Email: (Optional)</b>
	<b>Bill Delivery:            Mail:            Email:</b>
<b>Address:</b>	<b>City/ST/Zip:</b>

### SELLER/ FORMER OWNER FINAL BILL INFORMATION (REQUIRED)

<b>Name:</b>	<b>Phone:</b>
	<b>Landline:            Cell Phone:</b>
<b>Address for Final Bill:</b>	<b>City/ST/Zip:</b>
<b>Optional: Title Company Used &amp; Phone Number</b>	

I understand that I am responsible for all utility charges incurred at this location until I provide **notice** that I have moved and am no longer responsible for this utility bill.

<b>Signature:</b>	<b>Date:</b>
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### OFFICE USE ONLY:

<b>Date Received:</b>	<b>Received By:</b>
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