



REQUEST FOR SERVICE – DISCONTINUE SERVICE - TENANT

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.**
- * **Owner or Tenant Authorization is Needed (Only One)**

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 (required):	City/ST/Zip:

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.

Signature (Owner or Tenant):	Date:
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OFFICE USE ONLY:

Date Received:	Received By:
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Revised: 02/14/2024