

*City of McFarland*  
518 Rock Island Rd.  
P.O. Box 183  
McFarland, Kansas 66501-0183  
Tel.: 785 765 2265 - fax: 785 765 3700

**TERMINATION OF PUBLIC UTILITY SERVICE**

|                         |                                   |
|-------------------------|-----------------------------------|
| Effective Date          | Requested by                      |
| Service Holder          | Name of Customer                  |
| Service Address         | Forwarding Address for Final Bill |
| City                    | State                             |
| Zip Code                | Phone Number                      |
| Cell Number             | Email Address                     |
| Customer Account Number | Comments or Special Instructions  |

**TERMINATION SUMMARY**

I will receive a final bill that must be paid by the stated due date. If not paid by due date, added penalties and fees will incur. In the event of delinquency the amount could be placed on property tax rolls, reported to all credit agencies or be filed with the Kansas Set-Off program for collection.

Signature (applicant): \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* **City Use Only** \*\*\*\*\*  
\*\*\*\*

Received Service Order and entered the above application on this \_\_\_day of \_\_\_\_\_, 20\_\_\_\_\_

City Clerk: \_\_\_\_\_  
2/2016