

CITY OF BRANDON
304 Main Ave. P.O Box 95
Brandon, SD 57005
605-582-6515
(E-mail Utilities Department)
jmorford@cityofbrandon.org

DISCONNECT REQUEST FROM UTILITY SERVICE

The undersigned hereby requests to be disconnected from water and sewer services from the City of Brandon. Furthermore, the undersigned consents to be responsible for paying the remaining balance due to services received up to the disconnect date. Water will not be reconnected until final utility bill has been paid in full.

Dated this _____ day of _____, _____

Please Print Name _____
(Last Name) (First Name) (M.I.)

Signature _____

Street Address to be disconnected: _____

Date Service is to be disconnected: _____

Forwarding Address: _____

You're E-Mail Address: _____ Phone # _____

New Owners Name or Back to Landlord? _____

(Note – Please Attach a Copy of Your Driver's License for Proof of Identification)
Information will not be processed until all information is completed and received.

Important Information

If notification of disconnection is received after 3:00PM or on a Holiday meter reading will not be obtained until the following business day.

For office use only:

Approved by: _____ Date: _____

Notified Maintenance Department: Yes / No