

CITY OF BELLE FOURCHE
Stop / Transfer Service Request Form

Today's Date: _____

Account Number: _____

Current Service Address: _____

(House #, Street, unit or Apt #)

Account Holder Name: _____

Customer Address (if different from service address): _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____

PLEASE CHECK WHICH APPLIES:

Selling: Turn Off Services On _____

Rental, Moving Out:

Transfer Services To _____ (Landlord) On _____

Temporary Shutoff Requested On _____ Approx. Return _____

Forwarding Address: _____

City: _____ State: _____ Zip Code: _____

Forwarding address used to send final bill/ returned deposit

City billing is 1 month behind when the bill is due you may still receive a bill the month after you move out. Example: John Smith moved out Jan 15th readings will be taken Jan 31st and processed in February John will receive final bill due March 5th and deposit will be applied to this bill any credits on deposit will be mailed via check only.

If this form is being e-mailed, Account holder must provide ID by e-mailing to Sandy@bellefourche.org along with form.

Account Holder Signature: _____

Office use only:

Date Document Received: _____ Date work order sent out to PW: _____

In person Online

Sign off City Personnel: _____