

CITY OF BRANDON
304 Main Ave. P.O Box 95
Brandon, SD 57005
605-582-6515
utilities@cityofbrandon.org

DISCONTINUE UTILITY SERVICES

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. Should your final bill not be paid on time, we may send to collections and a \$50.00 collection fee will be added.

Today's Date: _____ Date Service to Stop: _____

Please Print Name _____

(Last Name)

(First Name)

(MI)

Signature _____

Street Address to be discontinued: _____

Forwarding Address: _____

Your 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 8:00AM, on a Holiday or weekend the meter reading will not be obtained until the following business day.

For office use only:

Approved by: _____ Date: _____

Notified Maintenance Department: Yes / No