

City Offices

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Snowbirds/Vacation Request Form

Today's Date:		DISCONNECTION DATE:		
CITY UTILITY ACCOUNT NUMBER:		NAME ON CITY UTILITY ACCOUNT:		
CITY UTILITY SERVICE ADDRESS:				
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT PHONE NUMBER:		
I WILL BE LEAVING THE CITY OF	MONTGOMERY FOR MY	WINTER/SUMMER R	RESIDENCE ON	
AND PLAN TO RETURN ON	-			
PLEASE CALL CITY HALL B			RM YOUR RETU	JRN DATE.
D			- O:-:: 0 - Max :-	
PLEASE FORWARD THE UTILITY NAME (IF DIFFERENT FROM ABOVE): A		ONDENCE FROM THI	E CITY OF MONT STATE	GOMERY IO:
THE CITY OF MONTGOMERY WI HAVE SPECIFIED ABOVE. IF YOU				
REVISED FORM AND SEND IT BA	CK TO THE CITY OF MO	NTGOMERY VIA US I	MAIL, FAX OR E-I	Mail.
DISCLAIMER NOTICE: I UNDERSTAND TH	IE CITY OF MONTGOMERY IS N	IOT RESPONSIBLE FOR TH	HE WINTERIZATION OF	THE PROPERTY
WITH THIS NOTICE OF DISCONNECTION. SERVICE LINE IS UNABLE TO BE SHUT-OF				
BE APPLIED TO MY ACCOUNT.	F IN THE STREET, I WILL BE CF	ARGED THE MONTHLY BA	SE FEES AND THE ADI	VIIIVISTRATIVE FE
SIGNATURE				DATE
FOR OFFICE STAFF ONLY				
. C. CITICE CIVIL CIVE				
DISCONNECTED BY:	DATE AND TIME:	Issue	S:	
	DATE AND TIME:	Issue		