



Ossian Municipal Utilities

507 N Jefferson
Ossian, IN 46777
P: (260) 622-4251
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**Temporary
Disconnection
of Service
Request**

Date: _____

Requested Date of Disconnection: _____

Account Holder Name: _____

Address of Services: _____

Phone #: _____

I am requesting Ossian Municipal Utilities turn off utility service at _____ on the date of _____. I am the legal owner of the above referenced property and have authority to request the discontinuation of service. I understand that billing for water and sewer will be suspended during the turn off period, but stormwater and garbage billing will continue on a monthly basis. I accept responsibility for the \$25.00 turn off fee. I understand that the turn-off fee will be applied to my next bill.

I agree to set up an appointment 2 days in advance of the day I want service restored. Appointments are available Monday – Friday, 8 am-3 pm. I understand that someone needs to be present at the residence at the scheduled appointment date and time to restore services. I agree that Ossian Municipal Utilities employees are solely and exclusively authorized to turn service on or off. Any person not a Ossian Municipal Utilities employee attempting to turn service on or off shall be construed as having committed a criminal act, and shall be handled accordingly by the Ossian Police Department.

Any variance from this agreement may result in changes to the suspended billing status.

Signature: _____ Date: _____

Emergency Contact:

Name: _____ Phone: _____

Office Use:

() Utility Office took information over the phone

-Initials: _____ Date: _____

WO #: _____