



# City of Basehor

2620 N. 155<sup>th</sup> St – P.O. Box 406, Basehor, KS 66007  
913-724-1370 – Fax 913-724-3388 – cityofbasehor.org

## Stop Utility Service

I understand that by filling out this form my account with the account with the City of Basehor will be closed and that all the information given is true to the best of my knowledge. I understand that any balances due will be paid and that any unpaid balances will be pursued by way of collection agency or Ad Valorem (Ord. 562). I understand it is my responsibility to inform the City of Basehor of any changes that happen before the “End Service Date” to this account.

**\*\*\*\*FAILURE TO CONTACT THE CITY DOES NOT WAIVE ANY BALANCES OR PENALTIES\*\*\*\***

Account # \_\_\_\_\_ Date to End Service(s) \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_

Service Address \_\_\_\_\_

Forwarding Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Was Property Sold **No / Yes** If so, to Whom \_\_\_\_\_

Is this a Foreclosure **No / Yes** If so, Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Rental Property **No / Yes** Landlord's Name \_\_\_\_\_

Will you be Landlord **No / Yes**

Acct. Bank Drafted **No / Yes** Final Bill Drafted **No / Yes**

Signed: \_\_\_\_\_ Date \_\_\_\_\_

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### Office Use Only

Received info: \_\_\_\_\_ Date: \_\_\_\_\_