

**City of Ray**  
PO Box 67 - 101 Main Street  
Ray, ND 58849-0067  
701-568-2204

**City Services TENANT Disconnect Request**

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Property Address

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

\_\_\_\_\_  
Phone: Cell:

I am the tenant and not the owner of said property. I am requesting my name be removed from the billing as of \_\_\_\_\_ and moved back to the Owner. I understand I am responsible for the bill from the beginning of current month until requested move out date.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date of Final Meter Reading _____	Final Reading _____
Identification verification _____	City Employee Initials _____
<b>Office Use Only</b>	