

**Service  
Transfer/  
Cancellation**

**City of Barnesville**  
102 Front Street North - P.O. Box 550, Barnesville, MN 56514  
Phone: 218-354-2292 Fax: 218-354-2472  
*The City of Barnesville is an equal opportunity provider and employer*

**General Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: Barnesville State: MN Zip: 56514 Cell Number: \_\_\_\_\_  
Transfer services to: \_\_\_\_\_ Password \_\_\_\_\_  
Address **\*\* (Required for Telephone Disconnect)**  
Forwarding Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I elect to have the following services Transferred or Disconnected:**

**Transfer Disconnect**

<input type="checkbox"/>	<input type="checkbox"/>	Electric	Date _____
<input type="checkbox"/>	<input type="checkbox"/>	Water	Date _____
<input type="checkbox"/>	<input type="checkbox"/>	Cable TV****	Date _____
	<input type="checkbox"/>	Return Cable Boxes only	Date _____
<input type="checkbox"/>	<input type="checkbox"/>	Telephone **	Date _____
<input type="checkbox"/>	<input type="checkbox"/>	Internet***	Date _____

Customer Returned Router Yes  No  Charge applied to account \$ \_\_\_\_\_  
\*\*\*(\$150.00 for Router applies)\*\*\*

Date Router Returned \_\_\_\_\_

Customer Returned Cable box(s) & Card(s) Yes  No  Charge applied to account \$ \_\_\_\_\_  
\*\*\*\* (The following charges apply to cable boxes that are not returned in working condition)

Date Cable Boxes, Remotes and Cords Returned \_\_\_\_\_

			Returned	Condition
A/V Cables (Grey or Black) \$5.00 each	X _____	cord(s) = \$ _____	_____	_____
VMX1 SD/HD Box chg\$67.00 each	X _____	box(s) = \$ _____	_____	_____
VMX3 PVR Box (with 1 TB external hardrive)				
Remote Charge \$229.00 each	X _____	box(s) = \$ _____	_____	_____
Remote Charge \$20.00 each	X _____	Remote(s) = \$ _____	_____	_____
HDMI Cords \$10.00 each	X _____	Cord (s) = \$ _____	_____	_____

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