

**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: \_\_\_\_\_ Address \_\_\_\_\_ Password \_\_\_\_\_  
\*\*\***(Required for Telephone Disconnect)**\*\*\*  
Forwarding Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Transfer**

**Disconnect**

Electric Date \_\_\_\_\_

Water Date \_\_\_\_\_

Cable TV\*\*\*\*\* Date \_\_\_\_\_

Return Cable Boxes only Date \_\_\_\_\_

Telephone \*\* Date \_\_\_\_\_

I acknowledge and understand that by canceling my Telephone service I will no longer have Enhanced 911 service in my home.

Internet\*\*\* Date \_\_\_\_\_

Customer Returned Router Yes  No  Charge applied to account \$ \_\_\_\_\_

\*\*\*(\$150.00 applies for Routers not returned)\*\*\* 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)	\$229.00 each	X _____	box(s) = \$	_____	_____
Remote Charge	\$20.00 each	X _____	Remote(s) = \$	_____	_____
HDMI Cords	\$10.00 each	X _____	Cord (s) = \$	_____	_____

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

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