

WATER BILLING MOVE OUT FORM

Property Address: _____

Customer Name: _____

Owner _____ or Lessee / Renter _____

Forwarding Address for final bill: _____

Effective Date: _____

Phone Number: _____



Customer Signature

Date

If Rental Property, Name and Address of Owner:

Office Use Only

Account Number: _____

Trans # _____ Meter Reading _____ Refund Needed ___ Y / N ___

Date of Transfer _____ Clerks Initials _____ Amount Issued _____