

REQUEST FOR MOVE OUT
(MUST BE MADE IN PERSON BY ACCOUNT HOLDER ONLY!)

Today's Date: _____

Name: _____ Acct. # _____

Service Address: _____ User # _____

Please leave the City purchased trash cart at the residence for next occupant.

SIGNATURE OF ACCT HOLDER (PRINT NAME)

Forwarding Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Moved Out Date, the date you want your services turned off. _____

For Office Use Only Below this line

_____ Acct. Balance		
_____ Final	_____ Deposit Amount	_____ Amount Owed
_____ Total	_____ Amount of Refund	

Other Notes: _____

Initials: _____