

FOR OFFICE USE ONLY:
ACCOUNT NUMBER: _____

Mineral Point Water & Sewer Moving Out Form

Applicant's Information:

Name: _____
First Middle Last

Phone #: _____ Date of Birth: _____

Employer: _____ Employer's Phone: _____

Co-Applicant's Information:

Name: _____
First Middle Last

Phone #: _____ Date of Birth: _____

Employer: _____ Employer's Phone: _____

Service Address: _____ Apt #: _____

Closing Date/Lease End Date: _____
(48 HOURS ADVANCED NOTICE IS REQUIRED)

How you like to receive your Final Bill? _____ Email _____ Mail

Email address: _____

Mailing address for Final Bil: _____
City State Zip Code

Landlord's Name: _____ Landlords Phone #: (_____) _____

Do you have any outstanding utility bills at this time? _____ Yes _____ No

If yes, please explain: _____

Applicant Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____