

Mineral Point Water & Sewer Department
137 High Street
Mineral Point WI 53565

Moving Out Form

Account Number _____

Applicant's Name: _____ Date of Birth _____ <small>First Middle Last</small>	
Last 4 Digits of S/S No.: _____ Driver's License Number.: _____	
Employer: _____ Employer's Phone: _____	
(Office Use Only) Driver's License or other photo ID verified by Office Personnel YES NO (circle one)	
Spouse/Roommate: _____ Date of Birth: _____ <small>First Middle Last</small>	
Last 4 Digits of S/S No.: _____ Driver's License Number.: _____	
Employer: _____ Employer's Phone: _____	
Street Address of location you are moving out of: _____ Apt # _____	
Your new mailing address: _____ City: _____ State/Zip _____	
Date you would like utilities taken out of your name: _____ Your Phone #: _____	
Landlord's Name: _____ Landlords Phone # _____	

Do you have any outstanding utility bills at this time? _____

If yes, please explain: _____

Applicant Signature: _____ Date: _____

Spouse/Roommate's Signature: _____ Date: _____

Emergency Contact No : _____ (home, employer, cell, other)