



## UTILITY SERVICE – MOVE OUT

Date of Vacancy \_\_\_\_\_

Owners Name \_\_\_\_\_

Service Address \_\_\_\_\_

Utility Account # \_\_\_\_\_

On Automatic Withdrawal Program? (Tax and/or Utility)      YES    NO

Send FINAL Bill to: \_\_\_\_\_

New Phone # \_\_\_\_\_

**OFFICE USE ONLY:**

Work Order # \_\_\_\_\_

Meter ID # \_\_\_\_\_ MXU # \_\_\_\_\_

Meter Reading: \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_

**Prior Occupant Signature** \_\_\_\_\_

By signing, you acknowledge that all information on the form is correct, and the Town will not be responsible for any situation resulting from incorrect information given.