

CITY OF NAPAVINE UTILITY SERVICE

MOVE OUT

PLEASE CHECK ACCOUNT FOR OUTSTANDING BILL

DATE: _____ ACCOUNT# _____

PHONE # _____

APPLICANT _____

LANDLORD: _____ PHONE # _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CUSTOMER SIGNATURE

WATER DEPARTMENT

METER NUMBER: _____ TURN OFF DATE _____

METER READING _____ CONSUMPTION: _____

RENTAL DEPOSIT RETURNED DATE: _____ TRANSFER TO ACCOUNT

FINAL BILL

<u>CURRENT BALANCE</u>	<u>FINAL BILL</u>	<u>DEPOSIT</u>	<u>TOTAL DUE</u>
_____	_____	_____	_____