

Moving Out Form

Service Address: _____

Renter

Name on the Account: _____

Owner

Forwarding Mailing Address: _____
Street address or PO Box

City State Zip

Phone Number: () _____

End of Service Date: _____
Must be today's date or a future date

Any deposit on file will be applied to the final bill. If a refund is due, the City will mail a check to the forwarding address above. If there is a balance due after the deposit has been applied, the above party will receive a statement at the forwarding address above. If you are on Auto Pay it will continue and pay your final bill.

If you are moving to another address serviced by the City, please submit the Application for Utility Service Form.

By signing below I understand that the City of Gunnison bills a month behind and I will have at least one more bill.

Signature: _____

Date: _____

For Office Use Only

	Electric	Water
Meter Number		
Reading		

Date Received: _____

Received By: _____

