

CUSTOMER MOVING FORM

DATE MOVING: _____

NAME: _____

ADDRESS: _____

ACCT #: _____

PHONE #: _____

NEW ADDRESS: _____

CUSTOMER SIGNATURE

DATE

OFFICE USE ONLY

DATE TAKEN: _____

BY WHOM: _____

METER ID: _____ **RNI** _____

POLYCARTS TO PICK UP _____

TRASH W/O _____ **WATER W/O** _____

ACH _____ **EBILL TURNED OFF** _____

NOTES: _____
