

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: _____

REVISED 2.22.23

EMAIL FORM TO UTILITYCLERK@CITYOFHARRAH.COM