

For Office Use Only	
Account Number	
Final Reading	
Deposit Amount	
Amount Refunded	

## Close Account Form

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

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Address to be Cut Off: \_\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Final Bill or Refund Address: \_\_\_\_\_  
 \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Date of Final Service: \_\_\_\_\_

\_\_\_\_\_  
**Customer Signature**

Customer called in; no signature available

\_\_\_\_\_  
**Office Personnel Signature**

\_\_\_\_\_  
**Date**