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