

CITY OF MONTROSE MOVE-OUT FORM

ACCOUNT # _____

OCCUPANT INFORMATION:

TODAY'S DATE:

MOVE OUT DATE:

NAME:

OLD ADDRESS:

PHONE NUMBER:

NEW ADDRESS (FOR FINAL BILLING):

PLEASE FILL THIS PORTION OUT IF MOVING OUT OF A RENTAL PROPERTY:

LANDLORD or BANK NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

FAX/EMAIL:

By signing below, I am giving the City of Montrose notice of my service end date and understand that I am responsible for all garbage and water utility charges accrued to that date. If the City of Montrose is notified after my end date, I will assume all charges up to the date notified.

Signature

Date

FOR OFFICE USE:

COMPUTER ENTERED:

YES NO DATE _____

UPDATED ACCOUNT LIST:

YES NO DATE _____