City of West Liberty Solicitud de Ultimo Bil

Número de Cuenta:	Fecha Para Ultimo Bill:
Dirección de Servicio:	
Se requiere dirección de reenvió para la solicitud de su ultimo bil. Por favor de llenar la información:	
Nombre de cliente:	
Dirección de reenvió:	
(para mandar su ultimo bil, o cheque de reembolso)	
Teléfono primario:	Teléfono de trabajo:
Empleador:	
Número de seguro social:	
Firma	Fecha
Has a new Service Application been completed for this address? If NO, notify customer that services shall be disconnected, the w **puil new customer information and attach this with	vater and electric meter will be shut off at time of reading:
Deposit information: Look up each account when a request for final bill is submitted a	and not the following:
Deposit on file? YES NO	*
f YES circle type: Owner Selling house-apply deposit or and Lord Selling house-apply deposit or Renter Moving out of area-apply deposit or	Keeping house-hold depositKeeping house-hold depositTransfer Custtransfer deposit
old address and services will be terminated at new add	
collected. MAKE SURE EACH FINAL BILL REQUEST IS COMPLETED, AND CU NFORMATION. IF CUSTOMER LEFT WITHOUT NOTICE, WATER I NOTICE, TRANSFER UTILITES INTO LANDLORDS NAME UNLESS L	METER SHALL BE SHUT OFF. IF TENANT LEFT WITHOUT
Date received & initials:	