



City of Bloomer Move Out Request Form

Move Out Date: _____

Account #: _____

Name(s): _____ & _____

Move Out Address: _____ Landlord Name: _____

Forwarding Address: _____

House/Apt # _____ Street _____

City _____ State _____ Zip _____

Phone #: _____

I understand that the final bill is my responsibility and it will be forwarded to the address given above.

Signature: _____

Date: _____

Office Use Only:

Electric Meter #: _____

Final Reading: _____

Water Meter #: _____

Final Reading: _____

Deduct Meter #: _____

Final Reading: _____

Garbage Cart: Yes _____ No: _____

Direct Pay Set Up: Yes _____ No: _____