

RESIDENT MOVING OUT

Account Number: _____

If you rent a yard cart, call 319-846-2204 to have it picked-up. The \$15 pick-up fee is charged to your account.

Name: _____ Date Moving Out: _____

Current Address: _____

Forwarding Address: _____

Phone: _____ Email: _____

Please read your water meter(s) on your last day at the residence. Call the city clerk's office at (319) 846-2204, or email the reading(s) to: sklinefelter@cityoffairfax.org.

Renters, if your building doesn't permit access to your water meter, we will not expect you to submit a reading.

Meter Reading(s): Inside: _____ Outside Usage Meter*: _____ Date: _____

*Some properties have a second meter installed to separately measure water that is used outdoors.

All water meters are located indoors.

HOMEOWNERS Please provide information about the status of the property:

Sold: Closing date _____ New Owner (name & phone if known) _____

Rented: Renter's name and contact information _____

Other: _____

Your final bill will be mailed to your forwarding address.

Utility Deposit: Homeowners' deposits are refunded after one year of consecutive on-time payments. If your deposit was not previously refunded, it will be applied to your account when your final bill is issued. If there is a credit on your account after the deposit is applied, a check will be mailed to your forwarding address.

RENTERS:

Utility Deposit: Renters' deposits are held on account until you move out.

The utility deposit will be applied to your account when your final bill is issued. We will mail your final bill to your forwarding address. If there is a credit on your account after the deposit is applied, a check will be mailed to your forwarding address.

Landlord's Name & Contact Information _____

FOR OFFICE USE ONLY: ACCOUNT NUMBER: _____ **DATE RECEIVED:** _____

YARD CART? NO YES **DATE PICKED UP** _____ **DATE CHARGED** _____

METER READINGS: Date Final Meter Reading(s) received: _____ Date Entered: _____

DEPOSITS: Deposit on file: \$ _____ Deposit amount applied to final bill: \$ _____

Deposit refund: \$ _____ Refund Check # _____ Refund Check Date: _____

ACH ACCOUNTS

Date of final ACH withdrawal: _____ Date removed from ACH listing: _____