



City of State Center

118 E MAIN ST – PO BOX 668
STATE CENTER, IA 50247
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www.statecenteriowa.org

Resident Move-Out Form

Utility Billing Account Information
(Please Print)

Name: _____ Account No.: _____

Property Address: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

E-mail Address: _____

Verify Date Moving Out (utility disconnect/read date): _____ Signature: _____

Utility Deposits: If you paid a utility deposit, you may be eligible to receive some or all of that deposit back (after your last month's utility bill has applied). We will mail your final bill to the forwarding address you provide.

HOMEOWNERS: Please provide information about the status of your property.

Closing Date: _____

Your Forwarding Address: _____

RENTERS:

Landlord's Name and Contact Information: _____

Your Forwarding Address: _____

FOR OFFICE USE ONLY

ACCOUNT NUMBER: _____ DATE RECEIVED: _____

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: _____