

DELANO MUNICIPAL UTILITIES  
Customer Move Out / Move In Form

Date Reported: \_\_\_ / \_\_\_ / \_\_\_

Read Date: \_\_\_ / \_\_\_ / \_\_\_

Service Address: \_\_\_\_\_

*Date to Start Service*

CURRENT Customer Information:

Name(s): \_\_\_\_\_ CUST # \_\_\_\_\_

Telephone #:

Renter: \_\_\_\_\_ Owner: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

NEW Customer Information:

Name(s): \_\_\_\_\_

Telephone #: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Renter: \_\_\_\_\_ Owner: \_\_\_\_\_

Comments: \_\_\_\_\_

\*\*\*\*Application & Deposit Amount Required if Rental

*Date Service is to End*