



110 S 14th St. | Fort Calhoun, NE 68023 | 402-468-5303 | fortcalhoun.org | clerk@fortcalhoun.org

**MOVE OUT WATER AND SEWER ACCOUNT FORM**

Date Service Off Per Customer: _____	Customer Initials: _____
--------------------------------------	--------------------------

Customer Name: \_\_\_\_\_

Customer Phone Number (Home): (    ) \_\_\_\_\_ - \_\_\_\_\_

Customer Phone Number (Cell): (    ) \_\_\_\_\_ - \_\_\_\_\_

Customer Phone Number (Work): (    ) \_\_\_\_\_ - \_\_\_\_\_

Disconnect Address: \_\_\_\_\_

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

Reason for Disconnect: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact information for person/company purchasing home:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relator: \_\_\_\_\_ Phone: \_\_\_\_\_

**DO NOT WRITE BELOW THIS AREA – TO BE FILLED OUT BY OFFICE PERSONNEL ONLY**

Account Information	Maintenance	Final Processing
Account#: _____	Meter Reading: _____	<input type="checkbox"/> Service Order Processed <input type="checkbox"/> Account Maintenance Spreadsheet Updated <input type="checkbox"/> Meter Tracking Spreadsheet Updated <input type="checkbox"/> Scanned <input type="checkbox"/> File in Property Folder
Received By: _____	Read By: _____  Signature: _____	