City of Morristown



TO: FROM: City Administration
COMPANY: DATE:
City of Morristown
FAX NUMBER: PHONE NUMBER:
507-685-2632
PHONE NUMBER: RE:

507-685-2302

MOVE-OUT REQUEST

E-MAIL TO:

admin@ci.morristown.mn.us

MOVE-OUT REQUEST FORM

24 HOUR ADVANCE NOTICE IS REQUIRED TO CANCEL SERVICE

NAME ON ACCOUNT:		
MAIL REFUND/FINAL BILL TO:	ADDRESS	APT/SUITE #
E-MAIL ADDRESS:	CITY	STATE/ZIP
SIGNATURE:		TODAY'S DATE

IT IS THE CUSTOMER'S RESPONSIBILITY TO CALL OUR OFFICE AND CONFIRM THE MOVE OUT REQUEST WAS RECEIVED.

507-685-2302