



MOVE IN/ MOVE OUT FORM FOR UTILITIES

Please fill out this form completely

Service Address: _____

Owner _____ Renter _____

Primary Name on Account: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Driver's License #: _____

State: _____ Birthdate: _____

Secondary Name on Account: _____

Phone Number: _____ Email: _____

Driver's License #: _____

State: _____ Birthdate: _____

Move-in Date: _____ Move-Out Date: _____

If Move-Out, please provide forwarding address: _____

Previous Mailing Address: _____

Special Notes: _____

For any questions on this form, please email Kylie Soler at ksoler@cityofbuckley.com call at 360-761-7888. When completed, please save this form, and submit to Utility Clerk Kylie Soler at ksoler@cityofbuckley.com.

"For Admin Use Only"

Date rec'd.: _____

Date entered: _____

Acct. #: _____