

**CITY OF FORT CALHOUN**  
 110 South 14<sup>th</sup> Street  
 Fort Calhoun, Nebraska 68023  
 clerk@fortcalhoun.org  
 Phone 402-468-5303/Fax 402-468-5399

**MOVE OUT**  
**WATER AND SEWER ACCOUNT FORM**

<b>Date Service Off Per Customer:</b> _____	<b>Customer Initials:</b> _____
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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
<b>Account#:</b> _____	<b>Meter Reading:</b> _____	<input type="checkbox"/> <b>Service Order Processed</b> <input type="checkbox"/> <b>Account Maintenance Spreadsheet Updated</b> <input type="checkbox"/> <b>Meter Tracking Spreadsheet Updated</b> <input type="checkbox"/> <b>Scanned</b> <input type="checkbox"/> <b>File in Property Folder</b>
<b>Received By:</b> _____	<b>Read By:</b> _____  <b>Signature:</b> _____	