

RIVERDALE CITY
UTILITY SERVICE CANCELLATION
(***** REQUIRED FIELDS)

*****TODAY'S DATE _____ ACCT# _____

*****NAME _____

*****SERVICE ADDRESS _____

*****PHONE # WHERE YOU CAN BE REACHED

*****1ST# _____

*****2ND # _____

*****FOWARDING ADDRESS _____

*****CITY _____ STATE _____ ZIP _____

*****DATE CLOSING/MOVING OUT _____

DO YOU WANT WATER ON _____ (OR) OFF _____?

IF OFF/ WHAT DATE _____

DID YOU OWN _____ OR RENT _____

NAME OF PERSON MOVING IN OR BUYING

(IF KNOWN) _____