



CITY OF RENSSELAER

RENSSELAER, INDIANA

EXIT FORM

ACCOUNT INFORMATION			
Applicant Name:			
Co-Applicant Name:			
Property Owner Name:			
Service Address:			
Forwarding Address:			
E-mail Address:			
Phone #:	Alternate #:		
Discontinue Services: (Please circle) Yes / No	Effective Date of Change:		
Cancel Automatic Debit: (Please circle) Y / N	Effective Date of Change:		
Transfer Deposit(s): (Please circle) Yes / No	Refund Deposit(s): (Please circle) Yes / No		
ADDITIONAL INFORMATION			
PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS.			
<p>If transferring deposit(s) to another service address within the City of Rensselaer service territory, you may "share" the deposits/have (2) active accounts for 14 days.</p> <p>If you need services at multiple locations longer than the allotted 2 weeks, you will be required to make a new deposit for each required utility service at the new service _____ address.</p>			
<p>Meter deposits will automatically be applied to the final invoice unless transferred to another location. Any credit shall be refunded to the Customer. If there is a balance due, it is the Customer's responsibility to pay in full or make payment arrangements. _____</p>			
<p>If the account becomes delinquent, deposits will be applied and the account may be _____ subject to additional penalties and fees including court costs.</p>			
Customer Signature:			Date
Customer Signature:			Date
For Office Use Only:			
Book:	Account:		
Priority Service: Y/N	Budget Billing: Y/N	WO#	Owner Letter:
Meter Deposits	Date	Receipt #	Amount
Electric			
Gas			
Water			
Sewage			
Transfer Deposits to:			
Clerk initials & date completed			
Scanned	Cubic	Laserfiche	