

**CITY OF BLUE GRASS
114 N. MISSISSIPPI STREET
BLUE GRASS, IA 52726**

Phone: (563) 381-4700

Fax: (563) 381-2801

FINAL UTILITY BILLING INFORMATION

Date: _____

Account Number: _____

I, _____ Owner _____ Renter _____

Hereby request to cancel my services at

_____ (street address)

as of _____. (date)

My forwarding address for my final utility bill should be sent to:

Phone Number _____ S.S.# _____

I verify that all statements made on this form are correct.

Signature