

**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.# \_\_\_\_\_

WATER METER SERIAL NUMBER: \_\_\_\_\_

FINAL METER READING: \_\_\_\_\_

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

\_\_\_\_\_  
Signature