



**City of Robbinsdale
Utility Billing
Move Form: Updated 6/23/15**

Entered on UB Calendar: _____

Site Address _____ **Date of Request:** _____

Name _____ **Phone #:** _____

Who is Requesting? Current Owner Foreclosure Company
 New Buyer Other
 Title Co.

Reason for Request? Sale **Closing Date:** _____
(We need a date)
 Change of Billing Address
 Foreclosure

Name of Title Co./ Closer _____ **Phone #:** _____

INFO ABOUT PERSON MOVING OUT:	Is the person on Auto Pay? Yes / No
Forwarding Address :	
Name	_____
Street	_____
City, State, Zip	_____

INFO ABOUT PERSON MOVING IN:			
New Owner(s) Name	_____ <small>(We need a name)</small>		
Is this a single family home?	Yes / No	Was this property a rental?	Yes / No
Will new owner reside in the home?	Yes / No	Remove Rental Status?	Yes / No / NA
Billing Add (if different):	_____		

Phone #:	_____		

For Office Use Only:			
Account Number:	_____	Date Read:	_____
MXU:	_____	Final Meter Reading:	_____