

# Village of Sugar Grove Move In / Move Out Information

Purchase  
  Rental  
  Hydrant

FINAL: \_\_\_\_\_ / \_\_\_\_\_  
 Date & Initials: \_\_\_\_\_

<b>SERVICE ADDRESS:</b>	
<b>W/B Account #:</b>	
Entered: <input type="checkbox"/>	

**Current Resident:** \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Information provided by: \_\_\_\_\_

Entered:

**New Resident:** \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Information provided by: \_\_\_\_\_

Entered:

**Effective Date** (Closing Date/End of Lease): \_\_\_\_\_

**Meter Reading:** \_\_\_\_\_ **Date of Reading:** \_\_\_\_\_

**Comments:**

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For Office Use Only

Sent closing Information to Fox Metro      **PIN:** \_\_\_\_\_  
 Direct Debit Information     Fox Metro Information       Electric Aggregation  
 Refuse Information       No Overnight Parking       Park Districts

HYDRANT METER #: _____	Hydrant Reading Out: _____
Deposit Amount: _____	Hydrant Reading In: _____
	Deposit Refund: _____