

City of Spillville

(To be returned to the city 30 days prior to moving out)

Move Out Date _____ Current Date _____

Name _____

Address _____

Forwarding Address (Required) _____

Phone _____

Owner/Landlord

Deposits are applied to final bill. Any remaining balance will be billed to you. If applying the deposit creates a credit to your account you will receive a refund in the mail.