

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.