



REQUEST FOR FINAL BILL

Lynndyl Town
PO Box 40207
Lynndyl, UT 84640

Request Made:

In Person By Phone Drop Box/Mail Other: _____

Request Date: _____

Customer Name: _____

Account #: _____

Service Address: _____

Move Out Date: _____

Forwarding Address: _____

Phone Number: _____

Notes:

Signature: _____

For Office Use

Mailing Address Verified/Updated
 Final Meter Read: _____
 CSL8000540

Deposit: Yes No
 Applied/Refunded
 Tranferred to _____
 Refund Issued, PO _____

Notes: