



7837 FAIR OAKS BOULEVARD
CARMICHAEL, CALIFORNIA 95608
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THIS FORM MUST BE ACCOMPANIED BY A PROOF OF SALE DOCUMENT

CUSTOMER MOVE OUT FORM

DATE OF REQUEST: _____ DATE ESCROW CLOSED: _____

PROPERTY ADDRESS: _____

SELLER'S INFORMATION

SELLER'S NAME: LAST _____ FIRST _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

SELLER'S PHONE NUMBER: PH #1 _____ PH #2 _____

EMAIL ADDRESS _____

CERTIFICATION

By signing this certification, I understand, acknowledge and agree that, as the seller (previous owner) of the property listed above, I am responsible for the account balance up to the close of escrow date.

SELLER'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

LOCATION # _____

DATE PROCESSED: _____

RECEIVED DATE: _____

COMPLETED BY: _____