

City of LeClaire

325 Wisconsin Street, LeClaire, IA 52753

(563)289-4242 ext. 1101

billing@leclaireiowa.gov



BILLING REQUEST – MOVING OUT

BILLING ADDRESS

MOVE OUT DATE:

Account Number

Name

Street Address

City, ST ZIP Code

Phone

Email

FORWARDING ADDRESS (DEPOSIT REFUND WILL BE SENT HERE)

Street: _____

City: _____ State: _____ Zip Code: _____

*** Please notify the office if this information happens to change and needs to be updated. ***

New Owner's Name (if known): _____

(OFFICE USE ONLY)

METER READ:

DATE READ:

Notes: _____
