



15440 South Central Avenue Oak Forest, Illinois 60452-2195
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MOVE IN / MOVE OUT FORM

Please Check One: Move In Move Out

Date of Move: _____

Today's Date: _____

Name: _____

Account #: _____

Moving FROM
Address: _____

Moving TO
Address: _____

Phone: _____

Phone: _____

Water Meter Reading: _____

Remarks: _____

Signature of Owner: _____

PLEASE GIVE AT LEAST FIVE (5) WORKING DAYS NOTICE PRIOR TO CLOSING DATE.

ALL BILLS MUST BE PAID BEFORE CLOSING.