



CITY OF MAUMELLE
550 EDGEWOOD DRIVE, STE 590
MAUMELLE, AR 72113-6907

PHONE 501-851-2500
FAX 501-851-6738
www.maumelle.org

CITY SERVICES MOVE OUT INFORMATION FORM

(Please Print)

NAME (PRIMARY): _____

NAME (SECONDARY): _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

SOCIAL SEC #: _____

SOCIAL SEC #: _____

DRIVERS LIC #: _____

DRIVERS LIC #: _____

EMAIL: _____

EMAIL: _____

CELL PHONE: _____

CELL PHONE: _____

EMPLOYER: _____

EMPLOYER: _____

WORK PHONE: _____

WORK PHONE: _____

HOME PHONE: _____

TYPE OF PROPERTY: OWN _____

RENT _____

NEW ADDRESS: _____

OLD ADDRESS: _____

FOR SALE: _____ SOLD CLOSING DATE: _____ DATE MOVED OUT: _____

OWNER: _____ (RENTAL)

OWNER'S ADDRESS: _____ PHONE: _____

DATE MOVED OUT: _____

Please provide us with a person outside of the home/business whom we may contact in case of emergency or other extenuating circumstance.

NAME: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____

CITY: _____

RELATIONSHIP: _____

STATE: _____ ZIP: _____

As a resident of Maumelle you are required to pay a fee to the City for the provision of fire and police protection per Ordinance 12 of the Maumelle City Code, November 1985. The fee is referred to as the Community Service Fee. In addition, the City of Maumelle operates the local sanitation department. You may or may not be required to pay for City Sanitation services. (See below)

Both of these fees will be billed to you on a quarterly (March/June/September/December) basis in the same billing. Any questions on these fees or the services should be directed to City Hall at 501-851-2500.

BY SIGNING THIS FORM, YOU AGREE TO BE RESPONSIBLE FOR THE FEES INCURRED DURING YOUR RESIDENCY IN MAUMELLE, IN ADDITION TO ANY COSTS AND/OR ATTORNEY'S FEES REQUIRED FOR COLLECTION OF THOSE FEES. THIS FORM SHOULD BE COMPLETED AGAIN UPON MOVING TO ANOTHER RESIDENCE OR LOCATION.

I certify that I am not responsible for, and should not be billed for sanitation services, as I am a resident of the _____ Apartment Complex, Unit # _____

SIGNATURE (PRIMARY): _____

DATE: _____

SIGNATURE (SECONDARY): _____

DATE: _____