



RELEASE OF ACCOUNT
CITY OF NIXA UTILITIES
PO BOX 395
NIXA, MO 65714
417-725-3229 PHONE
417-725-7132 FAX

I fully understand that by releasing / accepting this account I will be responsible for any current balance due and any usage billed / unbilled.

Any deposit held on the account will be released to the accepting party.

Account No: _____ Address: _____

I, _____ release this account and deposit to _____
(print your name) (print name released to)

Signed: _____ Date: _____

I, _____ accept this account and deposit, as is, effective _____.
(print your name) (date)

Signed: _____ Date: _____