

SERVICE TRANSFER

Date: _____

Name: _____

Old Account Number: _____

Address to be turned off: _____

Date to be turned off: _____

**** MUST PROVIDE A COPY OF RENTAL CONTRACT, DEED, OR BILL OF SALE ****

New Account Number: _____

Address to be turned on: _____

Date to be turned on: _____

Current phone number: _____

Current billing address (if different): _____

Name of Homeowner: _____

BALANCE MUST BE PAID BEFORE TRANSFER – Our billing system runs 1 month behind; you will receive a final bill on the account to be shut off.

THE PREVIOUS BALANCE OF THE OLD ACCOUNT WILL BE ADDED TO THE NEW ACCOUNT IF NOT PAID OFF WITHIN 30 DAYS

**** A TRANSFER FEE OF \$36.25 APPLIED TO THE FIRST BILL OF THE NEW ACCOUNT ****

Customer signature: _____

Clerk: _____

Clerk Signature: _____

