

Transfer Service

I _____ would like my utilities transferred,

From _____

Readout & Disconnection Date _____

Please check one Own or Rent Landlord's Name _____

To _____

Readout Date _____

Please check one Own or Rent Landlord's Name _____

Account # _____ Reading _____

Phone# _____

Social Security (last 4 digits) _____ & DL# _____

Date of Birth _____

E-Mail Address _____

Transfer my ACH Debit YES or NO Transfer my E-Billing YES or NO

Any past due balances must be paid before service can be transferred.

Signature

Date

OFFICE USE ONLY

Trash Type _____ Amt\$ _____