

Updated 11/27/20

TRANSFER OF SERVICE / NAME CHANGE

Customer Name:		_ Account No.:
Transferring Service From:		
Service Address:		
Turn Off Date:/		
Final Reading:		
Transferring Service To:		
Customer Name:		_ Account No.:
Service Address:		_ Account No.:
Turn On Date:/		
Initial Reading: M	eter No.:	
Route No.: So	equence No.:	
New Mailing Address:		
Street Address:		
City:	State:	Zip Code:
Driver's License No.:(Please attach copy of Driver's License)	Email:	<u></u>
Phone No.: ()		
Acknowledgement:		
My signature below indicates that I will ensure that all fixtures at the new service address will be turned off both inside and outside the property prior to the City turning on the utilities. Doing so will protect the property from water damage. If the City is required to make a second trip to the property, the customer will be charged a trip charge. Turn on and turn off dates must be within 30 days of each other.		
Date:/ Si	gnature:	