



Utilities Transfer Form

Date: _____ Last 4 digits of your SS#: _____

Applicant's name on Utility Account: _____

Utility account number: _____

Driver's license number & state: _____

Any past due payments on your utility account must be paid prior to service transfer.

Information for the Address You Are Disconnecting

Address of Utility Disconnection (Street, City, State, Zip Code):

Requested Date for Disconnection: _____

Information for the Address You Are Transferring Into

New Address for Utility Connection (Street, City, State, Zip Code):

Requested Date for Connection: _____

Billing Address (Street, City, State, Zip Code):

Applicant's Information

Applicant's phone number: _____

Applicant's email address: _____

Applicant's employer: _____

Applicant's signature: _____

For Office Use Only

Date of form received: _____

Date of completed disconnection: _____

Employee name: _____