

WATER SERVICE DISCONNECTION/TRANSFER FORM

DISCONNECT DATE: _____
(DATE TO TURN OFF SERVICES)

NAME OF ACCOUNT HOLDER: _____
(THE PERSON RESPONSIBLE FOR THE BILL)

DISCONNECT ADDRESS: _____
(ADDRESS WHERE SERVICES BEING DISCONNECTED)

METER NUMBER: _____ **SEQUENCE NUMBER:** _____
(OFFICE USE ONLY) (OFFICE USE ONLY)

RATE CODE: _____ **READING:** _____
(OFFICE USE ONLY) (OFFICE USE ONLY)

FORWARDING ADDRESS: _____
(ADDRESS TO MAIL FINAL BILL OR REFUND)

PHONE NUMBER: _____
(REQUIRED IN CASE WE NEED TO CONTACT YOU)

TRANSFER DATE: _____
(THE DATE TO START SERVICES AT THIS LOCATION)

TRANSFER TO ADDRESS: _____
(IF MOVING TO ANOTHER ADDRESS WITHIN THE CITY)

METER NUMBER: _____ **SEQUENCE NUMBER:** _____
(OFFICE USE ONLY) (OFFICE USE ONLY)

TRANSFER FEE: _____ **RATE CODE:** _____ **READING:** _____
(OFFICE USE ONLY) (OFFICE USE ONLY) (OFFICE USE ONLY)

SIGNATURE: _____

A \$20.00 transfer fee will be added to the bill, and a refundable deposit will be applied to the final bill.