



Application to Transfer Utility Deposit

Type of Service: ____ Residential Service ____ Commercial Service

Date: _____

Service Address: _____

Reason for Transfer:

- ☐ Death of Spouse
- ☐ Death w/ Estate
- ☐ Gifted
- ☐ Nursing Facility
- ☐ Divorce/Seperation
- ☐ Other: _____

New Account Holder - Customer Information

Name: _____

Social Security No: _____ - _____ - _____ Drivers License No: _____ St: _____

Mailing Address: _____

Phone No: (_____) _____ - _____ Alternate No: (_____) _____ - _____

Email Address: _____

Employer: _____ Phone #: _____

Other Responsible Party Information

Name: _____

Social Security No: _____ - _____ - _____ Drivers License No: _____ St: _____

Phone No: (_____) _____ - _____ Alternate No: (_____) _____ - _____

Email Address: _____

Employer: _____ Phone #: _____

In Case of Emergency Contact Information *(not living with you)*

Name: _____ Phone No: (_____) _____ - _____

I agree to be held responsible for utility bills which is due upon receipt. Unpaid balances after 10th are subject to a 10% Late Fee. Services unpaid after 20th are subject to disconnection and charged disconnect fees. Any unpaid balances will be turned over to a collection service and will be a negative report to credit agencies. Future services will be denied until balance is paid.

Signature: _____

Date: _____

Support Doc
Provided:

SO Created by:

Received by: