



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 Drivers _____

Security No: _____ - _____ - _____ License No: _____ St: _____

Mailing

Address: _____

Alternate

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

Email

Address: _____

Employer: _____

Phone #: _____

Other Responsible Party Information

Name: _____

Social Drivers _____

Security No: _____ - _____ - _____ License No: _____ St: _____

Alternate

Phone No: (_____) _____ - _____ 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 are 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: _____