



UTILITY BILLING

## RESIDENTIAL SERVICE TRANSFER

*This form is for current customers moving to another address within our service area.*

*Two forms of identification required at least one must be a photo ID*

New Service Start Date \_\_\_\_\_ Old Service Turn Off Date \_\_\_\_\_ Move In Date \_\_\_\_\_

Legal Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address moving from \_\_\_\_\_

Address moving to \_\_\_\_\_

New Billing Address, if different \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Social Security # \_\_\_\_\_ Your DL # \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse/Co-Occupant Legal Name \_\_\_\_\_

Their Social Security # \_\_\_\_\_ Their Date of Birth \_\_\_\_\_

Their Cell \_\_\_\_\_ Their DL # \_\_\_\_\_ State \_\_\_\_\_

Please list a password for your account \_\_\_\_\_

Password reminder, in case you forget your password \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Their Phone \_\_\_\_\_

If renting: Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

I certify that that all the foregoing information is truthful and accurate. I understand that I must pay my current account balance in full prior to my service being transferred to another address. I understand that a \$25.00 transfer fee will be added to the first monthly bill at my new address. I understand that failure to pay my bills will result in my service being terminated. I understand that it is illegal for anyone other than the City of Yukon to tamper with the water meter at my address and could result in additional charges and court fines. I further understand that failure to pay my final account balance will result in my account being turned over to a collection agency. I understand I will be responsible for any additional collection agency charges and/or legal fees incurred in the collection of my delinquent balance as allowed by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Old acct# \_\_\_\_\_ Ems Yes No New acct# \_\_\_\_\_