



UTILITY BILLING

## UTILITY DEPOSIT TRANSFER

*This form is for current customers who have an active account.*

### (PART A) THIS SECTION TO BE COMPLETED BY THE CURRENT CUSTOMER

Current name on account \_\_\_\_\_

Service Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby relinquish my utility deposit and transfer it to \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### (PART B) THIS SECTION TO BE COMPLETED BY THE NEW CUSTOMER

**Two forms of identification are required at least one must be a photo I.D.**

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

Service Address \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Spouse/Co-Occupant Legal Name \_\_\_\_\_

Their Phone \_\_\_\_\_ Their Social Security # \_\_\_\_\_

Their DL \_\_\_\_\_ State \_\_\_\_\_ Their Date of Birth \_\_\_\_\_

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

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

And a reminder, in case you forget your password: \_\_\_\_\_

I hereby certify that this information is truthful and accurate. I understand that a transfer deposit fee will be added to my first monthly bill. I further understand that failure to pay my bill 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 understand my account will be turned to a collection agency if I do not pay my final bill. I will be responsible for any additional collection fees, charges and/or legal fees incurred in the collection of the debt.

Signature \_\_\_\_\_

Date \_\_\_\_\_