



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 _____