



CITY OF BLUE RIDGE UTILITY SERVICE TRANSFER

TRANSFER FEE OF \$15.50 APPLIED TO ACCOUNT#- _____

Residents Acknowledges Transfer Fee To Be Applied-(Customer initials) - _____

DATE OF TRANSFER: ___/___/___

APPLICANT'S NAME: _____

(DEPOSIT WILL BE REFUNDED TO APPLICANT, APPLICANTS)

PERSONS AUTHORIZED TO ACCESS ACCOUNT INFORMATION: _____

DATE OF BIRTH: ___/___/___ **TX DRIVERS LICENSE #** _____ **# IN HOUSEHOLD** _____

NEW SERVICE ADDRESS: _____

NEW MAILING ADDRESS: _____

DAYTIME PHONE #: _____ **EVENING PHONE #:** _____

EMERGENCY CONTACT: _____ **NAME** _____ **PHONE #** _____

I, _____, **CURRENTLY RESIDING AT** _____

DO HEREBY REQUEST A TRANSFER OF UTILITY SERVICE TO MY NEW RESIDENCE AT

_____.

DATE TO CONNECT NEW SERVICE: ___/___/___

DATE TO DIS-CONNECT OLD SERVICE: ___/___/___

TYPE OF SERVICE (Circle One): **RESIDENTIAL** **COMMERCIAL** **TEMPORARY**

THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT

SIGNATURE

DATE

Water Charge Sheet Received by Customer:

Customer Initials _____ **Date** _____

Entered By: _____ **Date:** _____

Meter #: _____