



**TRANSFER APPLICATION
CITY OF SILSBEE WATER SERVICE**

PREVIOUS ACCOUNT # _____

NEW ACCOUNT # _____

******YOU MUST PAY OLD ACCOUNT BALANCE IN FULL BEFORE TRANSFERRING TO NEW ADDRESS******

FILL IN ALL INFORMATION BELOW:

DATE _____

NAME ON ACCOUNT: _____

DRIVERS LICENSE: _____ ST _____ DOB _____ SOC SEC #: _____

EMPLOYER & ADDRESS: _____

HOME/CELL NO: _____ WORK NO: _____

TRANSFER OF SERVICE FROM: _____ DATE OFF: _____

TRANSFER SERVICE TO: _____ DATE ON: _____

BILLING ADDRESS : _____

SIGNATURE OF CLERK _____ DATE _____

COMPLETED TRANSFER/CLERK _____ DATE _____

FOR OFFICE USE ONLY

ACCOUNT# _____	DATE OF APP. _____
RECEIPT # _____	CHECK # _____
CASH _____	CLERK _____