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** _____

CHECKED PROFILE CLASSIFICATION ON NEW ACCT: RES COMM SENIOR CITIZEN

SUBMITTED WORK ORDER: YES NO WORK ORDER #:

SUBMITTED GB CART W/ORDER(S): YES NO DUMPSTER: YES NO

EMAILED TRASH COMPANY FOR TRANSFER OF SERVICE: YES NO