

Appendix 2 – Application for Transfer or Termination of Service

Customer Name: _____

Service Address: _____

Home Phone # _____ Daytime Phone # _____

Customer ID# _____ Location ID# _____

I hereby wish to:

____ Terminate service (Water, Sewer, & Solid Waste Fee Services)

Date Utility Service to be discontinued: _____

- Monday – Friday
- The City provides next day service–same day services are not available
- Must be a future date-terminations will not be backdated

Address to mail final bill and/or deposit

refund as applicable: _____

Note: Your Utility deposit will be applied against your final bill and you will receive a refund or bill for the difference.

____ Transfer service to another location (Water, Sewer, & Solid Waste Fee Services)

Date OLD service to be discontinued: _____

- Monday – Friday
- The City provides next day service-same day services are not available
- Termination must be a future date-terminations will not be backdated

NEW Utility service location: _____

Date NEW Utility service effective: _____

- Monday – Friday
- The City provides next day service-same day services are not available

New billing address: _____

I hereby certify that the above information is true and accurate.

Signature

Date

Printed Name

COLLECTIONS FAX (828) 431-4593

Employees Initials _____

Date Received _____