

**Appendix 2 – Application for Transfer or Termination of Service**

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Account # \_\_\_\_\_ - \_\_\_\_\_

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** \_\_\_\_\_