

Application for Transfer of Service

Please Print

Date Service to Transfer _____

Residential Commercial

Current Service Address _____ Account # _____

Mailing Address (if different than service address) _____ City _____ State _____ Zip _____
Account # _____

Transfer Service To:

Outstanding balance(s) from any/all past or existing accounts must be paid in full at time of transfer. \$

Applicant Information:	
Name:	email:
Driver's License	Date of Birth:
Phone Number:	Tax ID: (Commercial Only)
Employment	Phone Number

Co-Applicant Information:	
Name:	email:
Driver's License	Date of Birth:
Phone Number:	Tax ID: (Commercial Only)
Employment:	Phone Number:

Bill Pay Option: Paper Email Bank Draft Authorization (Document Required) Deposit \$100.00 \$150.00

The required deposit must be paid in full prior to start of service. If I move from this address, I will provide the City of Decatur a written notice stating the date of disconnection, the forwarding address and a telephone number where I can be contacted. I understand that I am responsible for the utility bill until the City of Decatur receives a completed Application for Transfer, Suspension or Termination of Service Form. Rental Agreements, Tax Documents, Closing Documents, Certificate of Occupancy are required.

REQUEST CONFIDENTIALITY of account.

The City reserves the right to inspect the property for possible cross connections and other undesirable plumbing practices. Texas State Plumbing Regulations apply to all properties.

Service to an existing connection requires the customer to pay all water service charges which are billed. Service shall be suspended or terminated for non-payment PUC.CH.24;F (B). Water service will not be restored unless paid in full and will not reestablish service if there is not a signed copy of this agreement. **Highlighted information is required.**

****All Delinquent Accounts will be sent to McCreary, Veselka, Bragg & Allen, P. C. Attorneys at Law.**

FOR OFFICE USE ONLY			
Account	Meter #	WO#	Read

Applicant Signature _____ **Date** _____ **Co-Applicant Signature** _____ **Date** _____