

TOWN OF MONTREAT
TRANSFER OF WATER SERVICE

Date of Application: _____ Date Service to Begin: _____

Name: _____

Spouse's Name: _____

Employer: _____

Rental Agent: _____

Service Address: _____

Mailing Address: _____

Home Phone: _____ Work/Cell Phone: _____

Driver's License #: _____ Social Security #: _____

Former Resident: _____

Former Resident Mailing Address: _____

Service Fee Paid? Yes No Amount: \$25.00 Date: _____

I hereby certify that the above is a true statement.

Customer Signature

Printed Name

FOR OFFICE USE ONLY

Date: _____

Route #: _____
Old Account #: _____
Meter Number #: _____

Sequence #: _____
New Account: _____
Meter Reading: _____