

SERVICE REQUEST/ TRANSFEREE INFORMATION

NAME: _____ **Residential** **Commercial**

PROPERTY OWNER / MEMBERSHIP NAME

Parcel (Office Use Only): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Service Address(911): _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail Address : _____

Home Phone No.: _____

Cell Phone No.: _____

Work Phone No.: _____

Has the property had service previously? **Yes** **No**

If Yes, please provide:

Name: _____

Service Address: _____

Previous Account # _____

Previous Meter # _____