



UTILITIES TRANSFER FORM

(A current Driver's License and Social Security Number is required for all applicants)

The City of Troy is committed to ensuring that your information is secure. In order to prevent unauthorized access or disclosure, we have put in place suitable physical, electronic, and managerial procedures to safeguard and secure the information we collect.

(PLEASE PRINT)

Type of Customer (Check One): Residential Apartment Mobile Home
 Commercial/Industrial Construction *(Application must be verified with Licensing & Inspection Dept)*

Service Property Status: (Check One): Own Rent *(Must present a copy of the lease, if renting)* Remodel New Construction Other _____

Account Information

Name _____ Date _____

Business Trade Name (if applicable): _____

Current Service Address _____

Current Service Account Number _____ Current Service Deactivation Date _____

New Service Address _____

Landlord's Name if Renting _____ New Service Activation Date _____

New Billing Address _____

Email Address: _____

Birth Date: _____ Drivers License # / Other ID: _____ Social Security #: _____

Emergency Contact: _____ Emergency Phone #: _____

- Check if you would like to receive your bill by Email *(must include valid email address in the space provided above.)*
- Check if you would like to receive more information about how paying your bill through our website is fast, easy, and convenient.
- Bank Draft *(Please check if you are interested in having your monthly payments debited directly from your bank account on the 10th of each month.)*

Applicant agrees to abide by all City Ordinances & Rules. Service is exclusively for the Applicant. Bills are due and payable in a manner & time indicated on the bill. Service may be denied without notice for delinquency in payment or violation of law and/or City ordinances, rules or regulations. Applicant does hereby swear or affirm that all information supplied on this application is complete and accurate.

Applicant Signature

Date