

# CITY OF WAURIKA – TRANSFER / UPDATE – SERVICE FORM

**WHAT TYPE?**  **TRANSFER** (OR) **UPDATE**

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DATE: \_\_\_\_\_

OLD ACCOUNT #: \_\_\_\_\_ NEW ACCOUNT #: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

CO-APPLICANT NAME: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_ METER READ: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_ METER READ: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CUSTOMER PHONE #: \_\_\_\_\_

CO-APPLICANT PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMAIL BILLING: \_\_\_\_\_ YES OR NO \_\_\_\_\_

AUTOMATIC BANK PAYMENTS: \_\_\_\_\_ YES OR NO \_\_\_\_\_ (if yes, see other form)

APPLICANT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

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## OFFICE USE ONLY

DEPOSIT \$: \_\_\_\_\_ REPRESENTATIVE INITIALS: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_