



Utility Billing Department

100 W. Center St. / P.O. Box 40
Kyle, Texas 78640
512-262-3960 office
512-262-3800 fax

**NOTICE TO
TRANSFER SERVICE**

****DATE TO TRANSFER SERVICE – NEW ADDRESS:** _____

** _____ Homeowner _____ Landlord _____ Renter

DATE TO TURN SERVICE OFF – PREVIOUS ADDRESS: _____
(WITHIN 10 DAYS MAXIMUM)

Last Name First Name MI

Previous Service Address

NEW SERVICE ADDRESS

Mailing Address (if different) City, State Zip

Home/Cell Phone No. E-mail Address

I understand that I am responsible for the water consumption (1) at the previous address until said date and (2) at the new address to begin on the said date until service is no longer needed. I also understand that my account must be paid in full before the transfer can occur.

Applicant's Signature **Date**

OFFICE USE ONLY:	EMPLOYEE INITIALS _____	WTR ___	WW ___	TDS ___
NEW ACCOUNT # _____		TRANSFER FEE \$ _____		
PREVIOUS ACCOUNT # _____		RECEIPT # _____		
METHOD OF PAYMENT: CASH _____	CK # _____	CC AUTH # _____		
_____ Driver's License No. & State	_____ Date of Birth	_____ Social Security No.		