



CITY OF KYLE-UTILITY BILLING DEPT.
100 W. CENTER STREET / P.O. BOX 40
KYLE, TX 78640
PHONE: (512) 262-3960
FAX: (512) 262-3965

RELINQUISHMENT OF DEPOSIT

Date

Account #

Service Address (Street#, Street Name, Apt#, City, State, Zip)

Deposit Amount being changed-over to:

I, _____, agree to relinquish my **deposit** amount to:

_____, and give the City of Kyle-Utility Billing Dept. permission to change the
recipient

account to his/her name. I understand that by doing so, I release my rights to the deposit, and account history to the
person whose name the account is being transferred to.

Current Account Holder's Signature

Drivers License #

New Account Holder's Signature

Drivers License #

Social Security #

New Account Holder's Information

Mailing Address (Street#, Street Name, Apt#, City, State, Zip) if different than Service Address listed above

Phone #

FOR OFFICE USE ONLY:

EMPLOYEE INITIALS: _____

Transfer Fee: _____

Method of Payment:

☐

Cash

☐

Check#

☐

CC Auth#

Drivers License #, State

DOB

Social Security #