



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

**NOTICE TO TRANSFER SERVICE**

Date to TRANSFER Service to New Address: \_\_\_\_\_

\*\* Homeowner      Landlord      Renter

Date to Turn Service OFF at Previous Address: \_\_\_\_\_ (Must be within ten (10) days)

\_\_\_\_\_  
 Full Name of Primary Account Holder (First Name, Initial, and Last Name)

\_\_\_\_\_  
 (1) Previous Service Address (Number, Street Name)

\_\_\_\_\_  
 (2) New Service Address (Number, Street Name)

\_\_\_\_\_  
 Mailing Address (if different from above) City, State, Zip

\_\_\_\_\_  
 Home/ Cell Phone Number

\_\_\_\_\_  
 Email 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 and I have provided a valid Drivers License.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

<b>FOR OFFICE USE ONLY:</b>			
EMPLOYEE INITIS:	_____	WTR _____	WW _____ TDS _____
New Account #	_____	Transfer Fee:	<b>\$38.04</b>
Previous Account #	_____	Receipt #	_____
Method of Payment:	Cash      Check	CC Auth#	_____
Drivers License # / SS#	_____	DOB	_____