



CITY OF KYLE-UTILITY BILLING DEPT.
100 W. CENTER STREET
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 # _____