



CITY OF KYLE-UTILITY BILLING DEPT.
100 W. CENTER STREET
KYLE, TX 78640
PHONE: (512) 262-3960 FAX: (512) 262-3965
UTILITIES@CITYOFKYLE.COM

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

PAYMENT METHOD

Credit Card # _____ - Cash or Check only accepted in person

Expiration Date: _____

FOR OFFICE USE ONLY:

EMPLOYEE INITs: _____ WTR _____ WW _____ TDS _____

New Account # _____ Transfer Fee: **\$38.04**

Previous Account # _____ Receipt # _____

Method of Payment: Cash Check CC Auth#

Drivers License # / SS# _____ DOB _____