CITY OF BLUE RIDGE UTILITY SERVICE TRANSFER

TRANSFER FEE OF \$15.50 APPLIED TO	ACCOUNT#
Residents Acknowledges Transfer Fee To Be A	oplied-(Customer initials)
DATE OF TRANSFER://	
APPLICANT'S NAME:(DEPOSIT WILL I	BE REFUNDED TO APPLICANT, APPLICANTS)
PERSONS AUTHORIZED TO ACCESS ACCOUNT	INFORMATION:
NEW SERVICE ADDRESS:	
NEW MAILING ADDRESS:	
DAYTIME PHONE #:	EVENING PHONE #:
EMERGENCY CONTACT:NAME	PHONE #
I,, CURRENTLY R	ESIDING AT
DO HEREBY REQUEST A TRANSFER OF UTILIT	Y SERVICE TO MY NEW RESIDENCE AT
DATE TO CONNECT NEW SERVICE:	//
DATE TO DIS-CONNECT OLD SERVICE:	.//
TYPE OF SERVICE (Circle One): RESIDENT	TIAL COMMERCIAL TEMPORARY
THE INFORMATION GIVEN ABOVE IS TRUE AN	ID CORRECT
SIGNATURE	DATE
Water Charge Sheet Received by Customer:	
Customer Initials Date	Entered By: Date:
	Meter #: