



# BOROUGH OF ISLAND HEIGHTS WATER & SEWER UTILITY BILLING TRANSFER REQUEST

Date: \_\_\_\_\_ Account #(s) \_\_\_\_\_

Current Account Holder (Name): \_\_\_\_\_

New Account Holder (Name): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Requested Transfer Date: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

Property Status:  Owner Occupied  Rental

## AUTHORIZATION

### *Current Account Holder*

I authorize the utility provider to transfer the billing for the above utility services from my name to the new account holder listed.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### *New Account Holder*

I accept responsibility for the billing for the above utility services effective on the transfer date.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

*For Office Use Only*

Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Notes: