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TRANSFER APPLICATION FOR SERVICE

THIS FORM MUST BE COMPLETED BEFORE YOU RECEIVE SERVICE

ANY PAST DUE BALANCES MUST BE PAID BEFORE SERVICE WILL BE TRANSFERRED

Date:				
Name:		Phone:		
Address:				
Which is to be disconnected on:		ACCT#		
Address:				
Which is to be connected on:		ACCT#		
DEPOSIT: \$	SEWER: \$	<u>; </u>	_Share:Yes	No
If a secondary person:				
Name:				
Phone#		Driver's License #		
By signing below applicant w faucets are left open. It is fur circuits, ANY plumbing issues shall be the sole responsibilit liable.	ther agreed & unders , or ANY malfunctions	tood that if damages to the s of other appliances or equ	e property should i uipment, when ser	result from short- vice is connected. It
Please be advised that yo your disconnect date. Fa signing below, you are a	ilure to pay these	•		
Applicant Signature:				
Secondary's Signature:				
Name of Landlord:		Phone Number:		

Completed application can be emailed to: servicedept@bentonutilities.com
After processing your application we will contact you with your deposit amount.