



NOTICE TO TRANSFER SERVICE

****Must be within a 10 Day Period****

Office Use Only:

Acct # _____
Closing/Lease ____ ID ____ Service Agrmt ____
WT ____ WW ____ RF ____ P/U Day ____
Turn on Time ____ Payment ____
New Con List ____ Disconnect TDS ____ Email ____

➤ **TO COMPLETE THIS REQUEST, PLEASE SUBMIT A VALID FORM OF ID AND THE FIRST PAGE OF A CLOSING DISCLOSURE OR LEASE AGREEMENT TO THE NEW ADDRESS.**

➤ **Auto Pay DOES NOT move from the prior address to the new address.**

➤ **Services can be disconnected & connected only during business hours Monday through Friday 8am-5pm (NO HOLIDAYS)**

➤ **If water is currently shut off at your new address, you will need set a turn on time:**

☐ 8am-12pm OR ☐ 1pm-5pm

The City of Kyle cannot disclose any information on your account unless you permit us to do so. Please select an option below:

- ☐ I would like my account confidential meaning no information can be given to anyone except the applicant(s) listed below.
☐ I authorize the City of Kyle to disclose the information in my utility account records.

CURRENT ADDRESS

Service Address: _____

DISCONNECTION DATE: ____/____/____

NEW SERVICE ADDRESS

Service Address: _____

Mailing Address: _____

CONNECTION DATE: ____/____/____

Applicant Information

Name: _____ **Driver's License** _____ **State:** _____

Date of Birth: ____/____/____ ☐ Check here if you are 65 years or older (10% discount on Trash Service)

Primary Phone #: _____ **Email Address:** _____

Social Security: _____ - _____ - _____ **Enroll in E-Billing and Waive Paper Bills?** ☐ Yes ☐ No

Payment Method (\$38.04 TRANSFER FEE)

Credit/Debit Card # _____ **Exp:** ____/____

- **THIS DOES NOT ENROLL YOU IN AUTOMATIC DRAFTS**
- Cash or Check only accepted in person • This is a ONE TIME CHARGE of \$38.04

Applicant Signature: _____ **Date:** ____/____/____