



Utility Change Request

Date of Request _____

Effective Date _____

Change Requested

Shut Off

Return service to Landlord _____
(tenant will notify landlord named above)

Service changes will be processed within two service days of the effective date requested.

Changes requested outside the normal processing schedule may be subject to additional fees.

Current

Name _____

Service Address _____

Mailing Address _____

City/St/Zip _____

Phone _____

Email _____

Authorized person _____

Requested by: _____

I am: Renter Owner Landlord

Transfer to new in-city location (\$25 Activation fee)

Add another service (\$25 Activation fee)

New/Forwarding

I understand that I will receive a final bill for services from the time of the last billing to the requested shut off date and if I am transferring service to another location within the City served area the final balance will be transferred to my new account.

Signature: _____ Date: _____

Office Use Only

Account # _____

New Account# _____

SO: _____

SO#: _____

By: _____

Date _____