

CITY OF CORDOVA



REQUEST TO MOVE UTILITY SERVICE

NAME(S) _____ UTILITY ACCOUNT NUMBER _____

BILLING ADDRESS _____

PHONE # _____ CELL PHONE # _____

CURRENT SERVICE ADDRESS (street and apartment #)	NEW SERVICE ADDRESS (street and apartment #)
DISCONNECTION DATE	CONNECTION DATE
NEW OWNER/RENTER	PREVIOUS OWNER/RENTER
THIS SERVICE LOCATION IS A <input type="checkbox"/> Home <input type="checkbox"/> Mobile Home/Trailer <input type="checkbox"/> Apartment <input type="checkbox"/> Business <input type="checkbox"/> Other _____	THIS SERVICE LOCATION IS A <input type="checkbox"/> Home <input type="checkbox"/> Mobile Home/Trailer <input type="checkbox"/> Apartment <input type="checkbox"/> Business <input type="checkbox"/> Other _____
THIS SERVICE LOCATION IS <input type="checkbox"/> Owned <input type="checkbox"/> Rented Landlord name _____ Phone _____ Address _____	THIS SERVICE LOCATION IS <input type="checkbox"/> Owned <input type="checkbox"/> Rented Landlord name _____ Phone _____ Address _____
UTILITY SERVICES (check all that apply) <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Refuse/Solid Waste	UTILITY SERVICES (check all that apply) <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Refuse/Solid Waste

Your security deposit will be forwarded to your new address

I attest the information above is truthful and accurate.

SIGNATURE _____ DATE _____