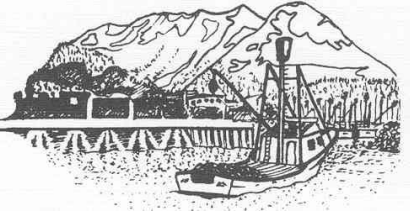


CITY OF CORDOVA



REQUEST TO MOVE UTILITY SERVICE

NAME(S) _____

BILLING ADDRESS _____

PHONE # _____ Email: _____

CURRENT SERVICE ADDRESS (street and apartment #)	NEW SERVICE ADDRESS (street and apartment #)
DISCONNECTION DATE	CONNECTION DATE
NEW OWNER/RENTER (if known)	
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 _____	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 _____
SERVICE LOCATION IS <input type="checkbox"/> Owned <input type="checkbox"/> Rented Landlord name _____	SERVICE LOCATION IS <input type="checkbox"/> Owned <input type="checkbox"/> Rented Landlord name _____
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 _____

For administrative use only

Former Account Number:	New Account Number:
Move Deposit	XBP/Paperless