



P.O. Box 1025  
Bridgeport, TX 76426

## TRANSFER OF WATER SERVICE REQUEST

Service Address: Final Date: \_\_\_\_\_

*\*Transfer Fee of \$50.00 will be charged on transferee's first bill*

Requestor: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

### BILLING INFORMATION

Final Bill should be sent to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Owner: \_\_\_\_\_

BUYER Name: \_\_\_\_\_

Occupy: (YES) (NO) - if no please provide billing address below

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This form to accompany Buyer's Membership Application form and Deed

\*PROCESSING TIME: Turnaround is a minimum of a week from closing date

\*CANCELLATIONS: Please inform our office as soon as possible, greatly appreciated