

**CITY OF COLLINS
SERVICE TRANSFER FORM**

ELECTRICITY___WATER___SEWER___

NAME OF APPLICANT _____

SERVICE FROM _____ ACCT# _____

SERVICE TO _____

SOCIAL SECURITY # _____ TELEPHONE # _____

DO YOU OWN OR RENT THIS PROPERTY _____

RENTAL PROPERTY OWNER NAME, ADDRESS _____

_____ PHONE # _____

PLACE OF EMPLOYMENT _____

DATE OF TRANSFER REQUEST _____

SIGNATURE _____

NOTE: ALL TRANSFER FEES DUE UPON DATE OF SERVICE REQUEST

TRANSFER FEE \$50.00