

CITY OF STARKVILLE ELECTRIC DEPARTMENT

P.O. BOX 927, STARKVILLE, MS 39760

PHONE: (662) 323-3133; FAX (662) 323-3273

TRANSFER OF UTILITY SERVICE

NAME: _____ SS# _____
THE PERSON WHO'S NAME IS ON THE UTILITY ACCOUNT MUST BE THE ONE TO REQUEST A TRANSFER

NEW ADDRESS: _____

DATE FOR CONNECTION: _____

OLD ADDRESS: _____

DATE FOR DISCONNECTION: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER _____

A \$ 10.00 TRANSFER FEE WILL BE ADDED TO YOUR FIRST BILL AT YOUR NEW LOCATION. ANY OUTSTANDING BALANCE MUST BE PAID BEFORE SERVICES CAN BE TRANSFERRED. THE FINAL BILL FROM YOUR PREVIOUS ACCOUNT WILL BE TRANSFERRED TO YOUR NEW ACCOUNT.

SIGNATURE: _____ DATE: _____

MUST SHOW PROOF OF IDENTIFICATION AND PROOF OF RESIDENCE (LEASE, BILL OF SALE OR WARRANTY DEED)

FOR OFFICE USE ONLY:

DEPOSIT # _____ TAKEN BY: _____

OLD ACCOUNT # _____ ORDER #: _____

NEW ACCOUNT # _____ ORDER #: _____