

City of Gautier
Utility Department

“Transferring Account Responsibility”

Date: _____
Name on Account: _____
Account #: _____
Address: _____
Account Transferred to: _____

Please read the statement below before signing

This is to transfer all legal responsibilities of utility services and any deposit (s) to the person named above. Please note any balance left on an account is also the responsibility of whom it is being transferred to.

Signature of Original Customer: _____
Date: _____

Signature of New Customer: _____
Date: _____

Driver's License #: _____

Place of Employment: _____

Work #: _____

Home #: _____

Number of Occupants _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

For Official Use Only

Processed by: _____ Date: _____