



TRANSFERRING ACCOUNT REQUEST FORM

General Guidelines

- Copy of identification or driver's license of the account holder must accompany the request along with the new account holder identification or driver's license.
- Complete this form in its entirety and return to City Hall.

Current Account Customer Information

Name: _____ Account #: _____

Service address: _____

Deposit Amount: _____

Telephone #: _____

I would like my water deposit transferred to the name listed below. By transferring my deposit, I am no longer responsible for the water bill at this address. When the New Account Holder closes the account, the deposit will be applied to the final bill and the remainder will be refunded to the New Account Holder.

Account Holder Signature: _____ Date: _____

New Account Customer Information

Name: _____ Telephone #: _____

Driver's License: _____ Date of Birth#: _____

Mailing Address: _____

I understand and agree to the terms and conditions as the New Account Holder. I understand should I default on this agreement my services will be disconnected without further notice; a \$50.00 administration fee assessed on payments not made by 5:00 pm on the 20th of each month. Furthermore, I understand an additional deposit may be required if disconnected more than once within 12-month period. (City of Keene Ordinance 2019-589)

New Account Holder Signature: _____ Date: _____