

CITY OF SWISHER

UTILITY BILLING ACCOUNT INFORMATION

MOVING OUT ACCT # _____ Date: _____

Name _____

Current Address _____

Telephone (current) _____

New Address _____

Telephone (new) _____

Move Out Date _____ Current ACH Customer _____

MOVING IN

Home Bought or **Renting** Date _____
(circle one) New Account# _____

Landlord Name: (if renting) _____

New Occupant _____

Social Security No. _____

Address _____

Mailing Address if different from above _____

Telephone (current) _____

Email: _____

Date of possession: _____

NOTE: New resident must show proof of ID and appear in person.