

# SALINA PWA TRANSFER

Date : \_\_\_\_\_

Account Name : \_\_\_\_\_

Phone # : \_\_\_\_\_ Account Number : \_\_\_\_\_

Old Service Address : \_\_\_\_\_

Date To Disconnect : \_\_\_\_\_

New Service Address : \_\_\_\_\_

Date To Begin New Service : \_\_\_\_\_

New Mailing Address : \_\_\_\_\_

Property Owner New Address : \_\_\_\_\_

Signature Of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

## **OFFICE USE ONLY**

W.O. Turn On #	M/R	Book Change	New Account #
W.O. Turn Off #	M/R	Book Change	Old Account #
Deposit On Old Address	Final Bill On Old Address	Transfer Posted	