TRANSFER OF UTILITIES
417-725-3229 PHONE
417-725-7132 FAX

CITY OF NIXA UTILITIES
PO BOX 395
NIXA, MO 65714

****ANY PAST DUE BALANCE MUST BE PAID PRIOR TO TRANSFER. ANY FINAL BILLING BALANCE FROM PREVIOUS ADDRESS WILL BE TRANSFERRED TO NEW ACCOUNT****

Transferring from (address): _____Did you? (Rent or Own) Effective date: _____

Transferring to (address): _____Did you? (Rent or Own) Effective date: _____

Mailing address (If different from service address): _____

| | | |
|---|---|---|
| Current Account Holder | SS# | Phone |
| Driver's License # | Employer | Employer Phone |
| Email Address | Emergency Contact | Emergency Contact Phone |

****ANY ADDITIONAL RESIDENTS OVER 18 YEARS OLD BELOW****

| | | |
|---|---|---|
| Name | SS# | Phone |
| Driver's License # | Employer | Employer Phone |
| Name | SS# | Phone |
| Driver's License # | Employer | Employer Phone |

****BY SUBMITTING THIS FORM, YOU ARE STATING THAT ALL INFORMATION IS CORRECT. DISCLOSURE OF FALSIFIED INFORMATION WILL BE REASON FOR DISCONTINUATION OF SERVICES****

**Billing options:** ***(Please print clearly)***

_____ Paper _____ Auto draft from bank account

_____ Email to: _____

_____ Both Paper & Email

_____ _____
Applicant Signature Date

_____ _____
Utility Staff Date