

**City of Richmond Hill**  
P O Box 250  
Richmond Hill, GA 31324  
Phone 912-756-3345 / Fax 912-756-3368

**Transfer of Existing Service Form**

Date of Request: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Address Moving To: \_\_\_\_\_

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

Office Use Only

Meter Reading New Address: \_\_\_\_\_

Address Moving From: \_\_\_\_\_

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

Office Use Only

Meter Reading Old Address: \_\_\_\_\_

I will be  *Owning*  *Renting* at my new address.

If renting:

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

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

Office Use Only

Deposit Transferred \_\_\_\_\_ Verified ID \_\_\_\_\_

ID on File #: \_\_\_\_\_ State: \_\_\_\_\_ Misc: \_\_\_\_\_

NSF Record: \_\_\_\_\_