

**CITY OF FORSYTH  
TRANSFER FORM**

Account #: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Current Service Address: \_\_\_\_\_  
\_\_\_\_\_

**TRANSFER TO:**

Account #: \_\_\_\_\_ Date to Transfer \_\_\_\_\_

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

Service Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

Deposit on Hand	Deposit Update	Total Deposit
_____	_____	_____

Transfer fee paid \_\_\_\_\_

\*\*\*\*\*MAKE COPY OF PICTURE ID\*\*\*\*\*