CITY OF FRANKSTON WATER ACCOUNT TRANSFER FORM

TRANSFER FROM ADDRESS: Date of disconnect: TRANSFER TO ADDRESS: Date of transfer: _____ Name of Person Requesting Transfer: _____ Name on Account (IF DIFFERENT THAN ABOVE): I understand a \$15.00 transfer fee will be added to my new account. Signature acknowledges customer's understanding and agreement to the terms Signature Date

For Official Use Only:

Date Received: _____ Date Completed: _____ Operators Initials: _____