

SELLER TO NEW OWNER UTILITY BILLING TRANSFER AUTHORIZATION

CURRENT PROPERTY OWNER:			
PROPERTY ADDRESS:(ADDRESS)			(CITY, STATE & ZIP)
(ADDRESS)			(CITT, STATE & ZIP)
I AM SELLING THIS PROPERTY TO:	(FIRST NAME)		(LAST NAME)
,	(FIRST NAIVIE)		(LAST NAIVIE)
I REQUEST A FINAL WATER/SEWER READING C)N:		
		(DATE)	
FORWARDING ADDRESS FOR FINAL BILL:			
	(ADDRESS)		(CITY, STATE & ZIP)
SELLER SIGNATURE		-	PHONE #
WOULD YOU LIKE YOUR FINAL BILL EMAILED?	YES	□NO	
EMAIL ADDRESS:			
IS YOUR UTILITY BILLING ACCOUNT SET UP TO	DIRECT DEBIT?	☐ YES	□ NO
IF YES, PLEASE COMPLETE THE FOLLOWING			
I,			
(FIRST NAME) (LA	AST NAME)		
REQUEST THOMAS TOWNSHIP TO STOP DIREC	T DEBIT LOCATE	D AT:	
			(BANK/CREDIT UNION NAME)
**Direct Debit must be removed from you our office with Cash, Check or Money Orde			
SELLER SIGNATURE			TODAY'S DATE

PLEASE RETURN THIS FORM WITH A COPY OF YOUR PHOTO I.D.