

City of Richmond
Deposit Transfer

Name _____ SSN _____

Name (spouse or other) _____ SSN _____

Phone # _____

Service Address Transferring from _____

Date to Shut off _____

Service Address Going To _____

Date to Turn On _____

Mailing Address if Different _____

Employment _____ Wk Phone _____

_____ Own or Purchasing Home

_____ Rent/Lease, Lease to Own, Contract for Deed

Name of Property Owner _____

Account # _____

(Signature)

Deposit Amount \$ _____

Transfer Acct # _____

Receipt # and date of original _____