

City of Richmond  
205 Summit Street  
Richmond, MO 64085  
(816) 776-5304 (816) 776-8216 - fax

### Utility Service Transfer

Name: \_\_\_\_\_  
(Please print name of primary account holder as you want name to appear on utility bill)

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_ Employer \_\_\_\_\_

Secondary Account Holder Name (if applicable): \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_ Employer \_\_\_\_\_

Service Address Transferring From: \_\_\_\_\_

Date to Terminate Service: \_\_\_\_\_

Service Address Transferring To: \_\_\_\_\_

Date to Initiate Service: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from service address)

Recycling: \_\_\_\_\_ Yes \_\_\_\_\_ No      Are you over age 65? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Own Home

\_\_\_\_\_ Renting/Leasing      Landlord \_\_\_\_\_

Please provide a copy of your Rental or Lease Agreement. (Agreement must include your name.)

To complete the requested Utility Service Transfer, the current utility bill and ALL City personal property taxes must be PAID IN FULL. An updated photo identification may also be requested.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

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Office Use Only

Initiating Account No. \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

Terminating Account No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

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