



WATER DEPARTMENT  
PO BOX 1309  
SULPHUR, LA 70664-1309  
PHONE: (337)527-4522/527-4523  
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## TRANSFER FORM

DATE: \_\_\_\_\_

I, \_\_\_\_\_, WHOSE ADDRESS IS  
NAME

\_\_\_\_\_, AUTHORIZES THE CITY OF SULPHUR  
ADDRESS

TO TRANSFER MY SERVICES FROM:

\_\_\_\_\_ TO \_\_\_\_\_  
OLD SERVICE NEW SERVICE

MY OLD SERVICE WILL FINAL ON: \_\_\_\_\_

MY NEW SERVICE WILL BEGIN ON: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF CLERK