

Utility Operations Division Customer Service 316 Breard Street Monroe, LA 71201 Ph (318) 329-2220 Fax (3

Ph (318) 329-2220 Fax (318) 329-3358

e-mail: <u>customer.service@ci.monroe.la.us</u>

website: www.monroela.us

REQUEST TO TRANSFER SERVICES

PLEASE PRINT

This request must be completed and received by Customer Service at least one (1) business day prior to the requested discontinuation date. Any requests received the day of requested discontinuation date will be processed for the next business day. If the requested date falls on a weekend or city holiday, the request will be completed on the following business day.

!!!A COPY OF YOUR DRIVER'S LICENSE MUST ACCOMPANY THIS REQUEST!!!

☐ I am discontinuing	utility services with the City of Mo	onroe.
Name As It Appears on City of Monroe Utility Account		Account Number
Service Address to be Dis	scontinued	Date to Discontinue Services
		Phone Number
☐ I am transferring n	ny services to another service loc	cation within the City of Monroe.
LAST 4 of SSN	Check here if you v	want to transfer your current bank draft information
New Service Address		Phone Number
I request that services at my new service address begin on(Date to Begin Services). Further, I understand that services will not be initiated at the new service address until I have paid any delinquent balance I owe on my current account as well as a new deposit should one be required of me.		
of my knowledge. I am the custome	r named above (if residential).	nis form is true and complete to the best e location named above (if commercial).
Signature		
Mail to P.O. Box 1743, Monroe, LA 71210, Email to <u>customer.service@ci.monroe.la.us</u> or fax to (318)329-3358		
To be completed by City of Monro	oe staffonly.	
Entered By:	Date:	Account Noted: