



Utility Operations Division
 Customer Service
 316 Breard Street
 Monroe, LA 71201
 Ph (318) 329-2220 Fax (318) 329-3358
 e-mail: customer.service@ci.monroe.la.us
 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 Monroe.

| | |
|--|------------------------------|
| Name As It Appears on City of Monroe Utility Account | Account Number |
| Service Address to be Discontinued | Date to Discontinue Services |
| | Phone Number |

I am transferring my services to another service location within the City of Monroe.
 LAST 4 of SSN _____ Check here if you 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.

I, the undersigned, certify that all the information on this form is true and complete to the best of my knowledge.

- I am the customer named above (if residential).
- I am the owner and/or representative of the service location named above (if commercial).

Signature

Mail to P.O. Box 1743, Monroe, LA 71210, Email to customer.service@ci.monroe.la.us or fax to (318)329-3358

To be completed by City of Monroe staff only.

Entered By: _____ Date: _____ Account Noted: _____