CITY OF VIDALIA TRANSFER OF SERVICE

DATE	
CUSTOMER NAME	
SSN#	
WORK PHONE #:	
CELL PHONE #:	
HOME PHONE #:	
ADDRESS TO DISCONNE	
ADDRESS TO DISCONNE	<u></u>
ACCOUNT #:	
DATE TO DISCONNECT	
DEPOSIT DATE	
ADDRESS TO CONNECT	
ACCOUNT #:	
DATE TO CONNECT	
CICNATURE	
SIGNATURE	
DATE	

