## City of Hernando Utility Application/Transfer

## PLEASE PRINT\*

Name to Appe	ear on Bill:				
Billing Addres	ss if Different fro	m Service:			
Service Addre	ess:				
City:	State	Zip	Telephone: _		
Business Telep	phone	Cell	Phone:		
Email address: Driver License #:					
Place of Empl	oyment:				
•		ndo address to and _ Yes No Ext			
Have You Eve	er Lived In Hern	ando Before?	Yes No		
If yes, what wa	as the Address?				
**** Date: _		****Signatui	·e:		
Home Owner:	Renting Proper	ty: Commercial Pi \$150 Deposit SERVIC	roperty: Trash C \$50 Depos	Only: Transfer H	Tee:
3)Sewer, WV	V, DCR, Trash e	ounty 2)Water, S xample (Nesbit W Subdivisions 5) To <u>For Office Us</u>	ewer, WW, DCF ater) 4)Water, S rash only 6) add	ewer, WW, DC	R example
Amount Paid:	Date:	Receipt #	Re	eceived By:	
Account #:	Meter	r Reading:	RR#	ON Date:	
Trash Day:	Recycl	e Day:			
Customer Tran	sferring: YES or 1	NO If so, what is ol	d address?		
Old Account Number:		O	Old off Date: New or		nte:
Date Entered I	n Computer:	By WI	nom:		