



CITY OF FRANKSTON
WATER ACCOUNT
TRANSFER FORM

TRANSFER FROM ADDRESS: _____
Date of disconnect: _____

TRANSFER TO ADDRESS: _____
Date of transfer: _____

Name of Person Requesting Transfer: _____

Name on Account
(IF DIFFERENT THAN ABOVE): _____

I understand a \$15.00 transfer fee will be added to my new account.

Signature acknowledges customer's understanding and agreement to the terms

Signature

Date