



CITY OF FLORENCE, SC  
Water & Sewer  
TRANSFER SERVICE FORM

NAME	_____
ACCOUNT #	_____
OLD ADDRESS	_____
NEW ADDRESS	_____
BILLING ADDRESS	_____
HOME PHONE	_____
WORK PHONE	_____
SOCIAL SECURITY #	_____
DRIVER'S LIC. #	_____
DATE OF NEW SERVICE	_____
TURN OFF DATE FOR OLD SERVICE	_____
IF YOUR ACCOUNT IS ON DRAFT, DO YOU WANT THE NEW ACCOUNT ON DRAFT?	Y / N

Please bring this application to our office located at 324 West Evans Street.