

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