



Request to Transfer Water Service

CITY OF DALWORTHINGTON GARDENS

2600 Roosevelt
TEL. 817-274-7368 FAX 817-265-4401
www.cityofdwwg.net

Service Address: _____

I, _____

(Copy of Driver's license enclosed) am requesting to transfer water service

to: _____

(Copy of Driver's license enclosed) effective: _____

(Monday thru Friday, excluding holidays). I would like to leave my deposit on the account

And _____

may use the deposit when they move out.

Customer Signature

Date

Account #

New Customer Signature

Date

Account#

New customer must also fill out a new water application and turn it in with this paperwork. If renting they also need a copy of the lease.

****If you mail or fax this form, it is your responsibility to verify that we received it.****

For Office Use Only

City Clerk: _____ Date Received: _____

Entered by: _____ On: _____