

# Transfer of Service

Kingsland Municipal Utility District  
PO Box 748  
Kingsland, TX 78639  
Phone # 325-388-4559

Date: \_\_\_\_\_  
Closing Date: \_\_\_\_\_ @ \_\_\_\_\_

email – kmud@nctv.com  
Fax # 325-388-5003

# UNITS: \_\_\_\_\_ RATE CODE#: \_\_\_\_\_ METER#: \_\_\_\_\_

LOGICS#: \_\_\_\_\_ ROUTE#: \_\_\_\_\_ TAX#: \_\_\_\_\_

Previous Owner: \_\_\_\_\_ SO #: \_\_\_\_\_

**Forwarding** Address: \_\_\_\_\_

City ST Zip  
**Forwarding** Phone: \_\_\_\_\_ Alt #: \_\_\_\_\_ Email: \_\_\_\_\_

**Do You Have an ACH Bank Draft? Yes No**  
**ACH Removed from Acct & File Cabinet: \_\_\_\_\_**

Current Charges: \_\_\_\_\_

Refund of Service / Deposit \_\_\_\_\_

**TOTAL OF ALL CHARGES:** \$ \_\_\_\_\_

New Owner: \_\_\_\_\_ SO #: \_\_\_\_\_

Address: \_\_\_\_\_

City ST Zip  
Phone: \_\_\_\_\_ Alt#: \_\_\_\_\_ Email: \_\_\_\_\_

Copy of Identification Received for File: \_\_\_\_\_

Transfer Fee: \_\_\_\_\_ **\$30.00**

Reconnect Fee: \_\_\_\_\_

DEPOSIT: \_\_\_\_\_ **\$100.00**

TOTAL OF ALL CHARGES \$ \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot# \_\_\_\_\_

Physical Address: \_\_\_\_\_

Previous Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>			
Service App #: _____ - _____	Adj Ref Seller Dep: _____	Adj Transfer Fee Purchaser _____	
Transfer W/O: _____	Privacy Notice: _____	Update Tax SS: _____	
Seller # of Bills s/b: <u>0</u> _____	Pop-Up if Gravity: _____	Date Easement Signed: _____	
Custom Tabs: _____	Billing field Buyer s/b: <u>1</u> _____	Billing F/Up SS: _____	W-Flow _____