

Mayor
Mr. Edward Waltz

Commissioners
Ms. Lisa Moore (Mayor Pro-tem)
Mrs. Janet G. Baker
Mr. Daniel Ryan
Ms. Cara Dunn
Mrs. Myra Baker Fyrar



Town Manager
Schumata Brown

Town Clerk
Sholanthè Gordon

TOWN OF MAYSVILLE

TRANSFER SERVICE REQUEST

Name: _____ Service Date Requested: _____

Previous Address: _____

New Address: _____

Mailing Address: _____

Social Security Number: _____

Phone Number: _____

Please read following notice:

Account holders are responsible for any amounts due at their previous address. When the account is closed, the customer's deposit will be transferred unless the customer requests otherwise. Account holders will have 14 days to pay their final bill. Account balances that are not paid in a timely manner will be transferred onto the customer's new account.

I have read and understand the foregoing statement.

Signature _____ Date _____