

**Municipal Services Commission of the City of New Castle, Delaware**

*Subject to the Rules and Regulations of the Municipal Services Commission*

**Residential Transfer for Existing Service**

*Allow three business days to process the application.*

**Customer Information**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**New Service Address**

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

Connect Service Date: \_\_\_\_\_

Turn on: Electric  Water

Are you renting or buying your residence?

Renting  (MUST SHOW LEASE) Owing

If renting, who is your landlord? \_\_\_\_\_

Landlord's Phone #: ( ) \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

\_\_\_\_\_

**Old Service Address**

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

\_\_\_\_\_

Account #: \_\_\_\_\_

Disconnect Service Date: \_\_\_\_\_

Turn off: Electric \_\_\_ Water \_\_\_

**Billing Address**

Would you like your monthly bill mailed to the New Service Address?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Additional Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Undersigned agree(s) to be [jointly and severally] financially responsible for any and all charges and costs associated with the electric and water service provided by the MSC.

Signature: \_\_\_\_\_

Spouse or Co-applicants Signature: \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Deposit:** \_\_\_\_\_

**Account #:** \_\_\_\_\_