



City of Oxford

mississippi

TRANSFER OF UTILITY SERVICE

Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

Date of Birth _____ SSN _____ DL _____

STUDENT OR 2ND HOME OWNER

Permanent Address _____

City _____ State _____ Zip _____

OLD SERVICE INFORMATION

Date For Disconnection (Next Day Service, Monday-Friday) _____

Old Service Address _____

New Mailing Address _____

City _____ State _____ Zip _____

Office Use Only

Location # _____ Customer # _____

Deposit _____

NEW SERVICE INFORMATION

Date For Connection (Monday –Friday) _____

New Service Address _____

Office Use Only

Location # _____ Customer # _____

Turn on _____ Read & Leave On _____ Mailing Address Checked _____

Deposit _____ Additional Deposit Paid and Posted _____ Service fee Paid & Posted _____

Date _____ Signature _____

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