



OXFORD
UTILITIES

TRANSFER OF UTILITY SERVICE

Application and photo ID can be emailed to utilities@oxfordms.net

Name: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Date of Birth: _____ **SSN:** _____ **DL:** _____

STUDENT OR SECOND HOMEOWNER

Permanent Address: _____ **Unit #** _____

City _____ State _____ Zip _____

OLD SERVICE INFORMATION

Desired Termination Date: _____ (Next Day Service, Monday – Friday)

Old Service Address: _____ **Unit #** _____

New Mailing Address: _____ **Unit #** _____

City _____ State _____ Zip _____

Office Use Only

Location #: _____ *Customer #:* _____ *Deposit \$:* _____

NEW SERVICE INFORMATION

Desired Connection Date: _____ (Monday – Friday)

New Service Address: _____ **Unit #** _____

Office Use Only

Location #: _____ *Customer #:* _____ *Deposit \$:* _____

Turn On: _____ *Read & Leave On:* _____ *Mailing Address Checked:* _____

Additional Deposit Paid & Posted: _____ *Service Fee Paid & Posted:* _____

By signing below, I agree to abide by the policies and regulations of Oxford Utilities. If the security deposit is less than the final bill upon termination of service, I agree to pay the balance in full by the due date indicated on the final bill. I understand that if the final bill is not paid by the due date, any outstanding balance will be transferred to my active account or to a collection agency. I understand that I will be responsible for any collection or attorney fees incurred in collecting the balance of the account.

Signature: _____ **Date:** _____