

City of Nicholls
Water Transfer Application

Date: _____

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

SSN _____ Phone _____ Phone _____

Drivers Lic. _____ State _____ Race _____

Spouse or Roommate's Name _____

***Service Location Transfer From** _____

***Service Location To Turn On** _____

HOUSE NUMBERS MUST BE POSTED ON THE HOME/APT OR SERVICE WILL NOT BE TURNED ON

Own ___ Buying ___ Renting ___ Landlord's Name _____

Application received after 4:30 pm, will be processed but physical connections will not be made until the next business day. No Friday turn on.

Signature & Date

^T Two forms of I.D. Required for service- Valid photo Id, Lease or Contract

^{TL} There will be a \$ 35.00 fee for returned checks.