

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) Owning _____

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 #: _____