



Tenant Water Account Move Form

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Please complete all applicable fields of this form.

Water Account Number:	
Service Address:	
Account Holder's Name:	
Phone:	
Email:	
Move Date:	
Forwarding Address for Final Bill:	

Please confirm your preferred method of refund for any remaining credit balance on your account after final billing has been completed:

Option One: <u>Direct Deposit Electronic Funds Transfer (EFT)</u> Please complete the EFT Vendor Form and provide a Void Cheque or Direct Deposit Form issued from your banking institution.	<input type="checkbox"/>
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Option Two: <u>Transfer to new City of Niagara Falls Water Account</u> If the address for your new City of Niagara Falls Water Account differs from the forwarding address provided above, please list the address for transfer below.	<input type="checkbox"/>
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Landlord's Name:	
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Landlord's Phone Number:	
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For Office Use Only

Received By:		Received Date:	
Notified by:	Phone <input type="checkbox"/> E-mail <input type="checkbox"/> In Person <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Purchaser <input type="checkbox"/>		
Informant Name:			