

# Residential Request for Transfer of Service



All questions must be answered as accurately as possible. PLEASE PRINT FORM AND VISIT THE BTC STORE at 46 Cedar Avenue, Hamilton to have your request processed in a timely manner. Please remember to include your signature where necessary.

## CUSTOMER DETAILS

Current Account Holder:	<input type="text"/>
Telephone #:	<input type="text"/>
Effective Date:	<input type="text"/>
Final Billing Address:	<input type="text"/> <input type="text"/>
Contact #:	<input type="text"/>

## NEW CUSTOMER DETAILS

New Account Holder:	<input type="text"/>
Effective Date:	<input type="text"/>
Billing Address:	<input type="text"/> <input type="text"/>
Contact #:	<input type="text"/>

## DECLARATION

I hereby give permission to transfer above telephone number to new account holder.

Current Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_