

TRANSFER SERVICE FORM

Dickinson WCID
2750 FM 517 Road East
P. O. Box 307
Dickinson, TX 77539
Phone: (281) 337-1576

For Office Use:

Account No.: _____

Transfer Date: _____

INSTRUCTIONS:

Attach a copy of photo identification and a copy of signed closing disclosure or lease (required).

Service transfer requests require that the activation date at your new address and the termination date at your current address occur within a 7-day window.

Accounts with past due balances must be paid in full before service can be transferred to the new address.

Complete the attached form and submit it along with the required documentation by email to customerservice@dickinsonwcidtx.gov or drop in 24-hour drop box located at 2750 FM 517 Rd East, Dickinson, TX 77539.

ALL BLANKS MUST BE COMPLETED BEFORE THE FORM WILL BE ACCEPTED.

ACCOUNT INFORMATION:

Today's Date: _____

Account Number: _____

Account Holder Name: _____

Home/Cell Phone: _____

Email Address: _____

Check for Paperless Billing: ☐

TRANSFER FROM:

Service Address: _____

Disconnect Date: _____

TRANSFER TO:

Service Address: _____

Start Date: _____

CUSTOMER'S SIGNATURE

DATE