

VILLAGE OF WILLIAMSBURG UTILITY ACCOUNT
MOVE IN FORM

A.) Property Information:

1. Service Address: _____
2. City: _____
3. Effective date of change: ____/ ____/ ____ (must be today's date or after)

B.) New Resident Information:

1. New Owner Name: _____ Social Security No. _____
2. Mailing Address: _____ City: _____
3. St: _____ Zip _____ Phone: (____) _____ - _____
4. Signature: _____ Date: ____/____/____

OFFICE USE:

Account Number: _____

Starting Meter Read: _____ Initials: _____