

Sardis Water Association
23820 N. Sardis Rd., Mabelvale, AR 72103
Office 501-602-5393/Fax 501-602-2674

REQUEST TO TRANSFER DEPOSIT TO ANOTHER CUSTOMER

CUSTOMER INFORMATION

ACCOUNT NO. _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

I _____, HEREBY REQUEST THAT THE DEPOSIT FOR THE ABOVE
ADDRESS BE GIVE TO _____ ON THE _____ DAY OF _____, 20
_____.

SIGNATURE: _____

DATE: _____

FORWARDING ADDRESS FOR FINAL BILL OR DEPOSIT REFUND:

