



**DEPOSIT TRANSFER FORM
UTILITY BOARD OF THE CITY OF KEY WEST, FLORIDA**

Main Phone (305) 295-1000 Customer Service Phone (305) 295-1090 Customer Service Fax (305) 295-1085
Customer Service Email: web.accounts@keysenergy.com

TRANSFER OF DEPOSIT

Account No. _____ Deposit Amount _____ Receipt No. _____

Service in the Name of _____

Service Address _____

I hereby request to transfer my service deposit with the Utility Board to _____

Customer Signature _____ **Date** _____
(Signature must be notarized unless completing in person at KEYS)

Sworn and subscribed before me this _____ day of _____, _____.

Applicant is personally known _____ Applicant produced ID _____

Notary Public _____ State of _____ County of _____

ACCEPTANCE OF DEPOSIT

I _____ as the new customer of record for Deposit No. _____

in the amount of \$ _____ agree to pay the final balance on Account No. _____

I further understand that the final balance owed on this account will be transferred to my new account as soon as it is known.

New Account No. _____

Service Address _____

Customer Signature _____ **Date** _____
(Signature must be notarized unless completing in person at KEYS)

Sworn and subscribed before me this _____ day of _____, _____.

Applicant is personally known _____ Applicant produced ID _____

Notary Public _____ State of _____ County of _____