



RELINQUISHMENT OF DEPOSIT

Office Use Only:

ID's	_____
Update TDS	_____
Email	_____
UB Clerk Initials	_____

Service Address: _____

Deposit Amount being changed over: \$ _____

I, _____, agree to relinquish my deposit amount to:

(Current Account Holder)

_____ and give the City of Kyle Utility Billing

(New Account Holder)

Department permission to change the account to their name. I understand that by doing so, I release my rights to the deposit, and account history to the person whose name the account is being transferred to.

CURRENT Account Holder

Name: _____ Signature: _____

Date: ____/____/____

NEW Account Holder

Name: _____ Signature: _____

Date: ____/____/____

To update the account with your information you will have to fill out Utility Residential Application