



# RELINQUISHMENT OF DEPOSIT

**\*\*New account holder must  
complete a Utility Application.  
IDs for both parties required\*\***

Office Use Only:

DL \_\_\_\_ Notified TDS \_\_\_\_  
Email \_\_\_\_  
Employee Initials \_\_\_\_  
Deposit Hold \_\_\_\_

**Service Address:** \_\_\_\_\_

**Deposit Amount being changed over: \$** \_\_\_\_\_

I, \_\_\_\_\_, agree to relinquish my deposit amount to  
(Current Account Holder)

\_\_\_\_\_ and give the City of Kyle permission to  
(New Account Holder)

change the account to their name. I understand that by doing so, I release my rights to the  
deposit, and account history to the individual taking over this account.

## **Current Account Holder**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **New Account Holder**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_