RELINQUISHMENT OF DEPOSIT

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 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 need to complete a Utility Residential Application****