

Transfer of Service

Kingsland Municipal Utility District
PO Box 748
Kingsland, TX 78639
Phone # 325-388-4559

Date: _____
Closing Date: _____
email – kmud@nctv.com
Fax # 325-388-5003

UNITS: _____ RATE CODE#: _____ METER#: _____

RVS#: _____ ROUTE#: _____ TAX#: _____

Previous Owner: _____

Forwarding Address: _____

Forwarding Phone: _____ Alt #: _____ City _____ ST _____ Zip _____
Email: _____

Do You Have an ACH Bank Draft? ___ Yes ___ No

Current Charges: _____

Refund of Service: _____

TOTAL OF ALL CHARGES: \$ _____

New Owner: _____

Address: _____

Phone: _____ Alt#: _____ City _____ ST _____ Zip _____
Email: _____

Transfer Fee: _____

Reconnect Fee: _____

Additional Fee: _____

TOTAL OF ALL CHARGES \$ _____

First Billing Month: _____

LOCATION OF PROPERTY:

Subdivision: _____ Lot# _____

Physical Address: _____

Previous Owner Signature: _____ Date: _____

New Owner Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Transfer Fee Billed: _____ Transfer W/O: _____ Privacy Notice: _____

Update Tax Spreadsheet _____ Service App #: _____

Date Easement Received: _____ Date Easement Recorded: _____ Recording #: _____