

City of Bryant Transfer Application  
Phone: 501-943-0441 Fax: 501-943-3410  
email: waterbilling@cityofbryant.com

Today's Date: \_\_\_\_\_

Name on Account \_\_\_\_\_

Transfer from Address: \_\_\_\_\_  
**(Where you are moving from)**

Is this account on auto draft: yes \_\_\_\_\_ no \_\_\_\_\_

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

Date for Water to be Turned Off \_\_\_\_\_  
**(The date you want the water off where you are moving from)**

Transfer to Address: \_\_\_\_\_  
**(Where you are moving to)**

Date for Water to be Turned On: \_\_\_\_\_  
**(The date you want the water on where you are moving to)**

Mailing Address: \_\_\_\_\_  
**(If you get your mail somewhere other than your street address)**

Phone #: \_\_\_\_\_

Transfer Fee: \$15.00 (Will be Added to Your Next Bill)

**Please note that your Account Number will change and must be updated if you use the Online Services.**

Customer's Signature: \_\_\_\_\_

**OFFICE USE ONLY:**

Work Order # \_\_\_\_\_

Date Completed: \_\_\_\_\_