## **Citizens Gas Utility District**

\*\*A PHOTO I.D. IS REQUIRED

Transfer of Meter Deposit		
I,give	e permission to Citizens Gas Utility Dis	trict to transfer my meter deposit to:
Name of person receiving the meter deposit		Social Security Number
Account Number		
Signature		Date
Employee initials:		
Transfer of Meter Deposit due	to Death of Spouse	
Meter Deposit Holder		Spouse's Name
Account Number	Social Security Number	Date of Birth
Signature	_	Date
Employee initials:		
Name Change Due to Death,	Marriage or Divorce	
Name as it Appears on the Account		Reason for Change
New Name		Social Security Number
Account Number	DOB	Phone Number
Signature		nte
Employee initials		