

**APPLICATION TO TRANSFER AN ACCOUNT
FOR RESIDENTIAL/COMMERCIAL SEWER SERVICE**

Service Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____
Home Business

Billing Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Received Copy of Billing Procedure: _____
Signature of applicant

Please return completed application and transfer fee to:

Town of Silver Creek
1924 Town Road
Two Harbors, MN 55616

Ph: 218-834-5255
Email: silvercreek@frontiernet.net

For Office Use Only:

Account Number: _____

Transfer Fee Paid: _____