



DISCONNECT OR TRANSFER SERVICE

A COPY OF YOUR DRIVERS LICENSE IS REQUIRED FOR ALL ACCOUNT CHANGES

Name: _____ Account#: _____

Service Address: _____

Phone#: _____ E-Mail: _____

<u>Personal Information Change</u>		Phone #
Name on Account:		
First	Last	DOB
Driver's License #:	State Issued:	SSN#:
Mailing Address:		
Street	City/State	Zip Code

<u>Disconnect Service</u>		Account #:
Service Address:		
Street	City/State	Zip Code
Forwarding Address:		
Street	City/State	Zip Code
Date to Disconnect (Normal Business Day):		

<u>Transfer Service</u> <small>(Only if moving from one Melissa Address to another)</small>		New Account #
New Service Address:		
Street	City/State	Zip Code
Date to Connect (Normal Business Day):		
Previous Service Address:		
Street	City/State	Zip Code
Date to Disconnect (Normal Business Day):		

Customer's Signature **Date**

Clerk's Signature **Date**