



CITY OF JAMAICA BEACH MUNICIPAL SERVICES

16628 SAN LUIS PASS ROAD
5264 JAMAICA BEACH
JAMAICA BEACH, TEXAS 77554
(409) 737-1142
(409) 737-5211 - FAX

TRANSFER REQUEST

OWNER'S NAME: _____

SERVICE ADDRESS: _____

NAME TO BE TRANSFERRED TO: _____

I understand that if I request for this account to be transferred back to my name, I will be required to pay a \$30 transfer fee or a \$100 reconnect fee if the service has been discontinued or disconnected. Additionally, if my credit history is not satisfactory, a \$250 deposit may be required. I also understand that any new transfers may be subject to the deposit and transfer amounts mentioned previously.

SIGNATURE

DATE