	Date:	
Account Number:		
Meter Deposit Number:		
Meter Deposit Amount:		
I,		relinquish my meter deposit and all
responsibilities tied to it.		
l,		accept the meter deposit and all
responsibilities tied to it t	rom	
from the above date forw	ard.	
Signature of Recipient:		
Identification Number:		
Mailing Address		
Telephone Number		
Signature of Original Deposit Customer:		
Identification Number:		

Attach a copy of Identifications to this form.