

City of Silver Bay Utility Service Transfer Form

Service Address: _____ Heat Source: _____

City: Silver Bay State: MN Zip Code: 55614

Home No.: _____ Cell No.: _____ Work: _____

Owner's Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Received copy of PUC Policy: _____

Signature of Applicant

PUC Policy can be found at City Hall or online at silverbay.com

For Office Use Only:

Account No.: _____

Transfer Fee: \$25.00

Date Rec'd: _____

Receipt No.: _____