




Customer Service Division
Public Works & Utilities Department

 218-730-4050

520 Garfield Avenue
Duluth, Minnesota 55802

SECURITY DEPOSIT TRANSFER AUTHORIZATION

SECURITY DEPOSIT INFORMATION

Account Number: _____
Property Address: _____
Original Deposit Amount: _____
Original Collection Date: _____

CURRENT ACCOUNT HOLDER

Customer Name: _____
Phone Number: _____
Social Security Number: _____

I authorize Public Works and Utilities Customer Service Department to transfer my security deposit as specified above. I acknowledge that the account has been transferred from my name with the processing of this form. I agree that I will no longer retain any right to the transferred security deposit. The security deposit amount plus any interest accrued will be returned to the new account holder signed below in accordance with local code and department policies.

Signature: _____ Date: _____

NEW ACCOUNT HOLDER

Customer Name: _____
Phone Number: _____
Social Security Number: _____

I acknowledge that with this security deposit transfer I assume responsibility for the above referenced account number including but not limited to outstanding charges, penalties, billing items, etc. I acknowledge that the above signer is no longer responsible for the current balance or new accrued charges to the above referenced account.

Signature: _____ Date: _____

