



## APPLICATION FOR TRANSFER OF SERVICE TO A NEW LOCATION

Use this form **only** if you currently have CWLP service but will be moving to a new location in CWLP's service territory and wish **to transfer your service to your new address**.

- If you wish to completely stop your CWLP service, use the [Application for Termination of Service](#).

1. To ensure you will be able to successfully use this form, your computer should be equipped with Adobe Acrobat or Acrobat Reader 8.0 or higher. You might not be able to submit the form using an older version of Acrobat. [Download a free copy of the latest version of Acrobat Reader](#).
2. Complete all appropriate form fields. (Fields identified by asterisks must be filled in before you will be allowed to submit the form. Other fields are optional.)
3. If you wish to clear the data you have input into all of the fields, click the RESET FORM button at the bottom of the form.
5. If you wish to submit the form electronically, click the SUBMIT FORM button at the bottom of the form. A pre-addressed email message box containing your attached form will open. All you need to do now is send the email.
6. If you wish to print the form and manually submit it, you can mail or fax it to:

CWLP Customer Service Office  
Room 101  
Municipal Center West  
Springfield, IL 62757

FAX: (217) 789-2026

7. CWLP will process your application for transfer of service within two business days of receipt. In some cases, we will be able to follow through on your request based solely on the information you provide in the application. However, in some cases, additional information or arrangements will be required, in which case a Customer Service Representative will contact you to work out details.
8. If you have questions about this application, call the CWLP Customer Service Office at (217) 789-2030 or email [cwlp.customer@cwlp.com](mailto:cwlp.customer@cwlp.com).



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Please be sure to READ THE INSTRUCTIONS for submitting this form electronically BEFORE you proceed.

Asterisks indicate fields that must be filled in.

## Customer

Last Name\*

First Name\*

Initial

Daytime Phone\*  Area Code  -   Extension

Email Address

Account #

## Current Service Address

Street Address\*

Apartment/Unit #

City\*

State\*

ZIP Code\*

Date to Terminate Service at This Address\*  Month  Date  Year

## New Address

Street Address\*

Apartment/Unit #

City\*

State\*

ZIP Code\*

Date to Initiate Service at This Address\*  Month  Date  Year

If you are having difficulty printing or submitting this form, it is likely because your computer is not equipped with an appropriate version of Adobe Acrobat. Please refer back to the instruction page.