



# AUBURN WATER SYSTEM, INC



3097 LOCKE LN  
CRESTVIEW, FL 32536  
850-682-1258 OR 850-682-3413 ~ FAX 850-398-6643

## Request For Water Account Deposit Name Transfer

**If this form is not filled out at Auburn Water System it must be notarized & a copy of driver license(s)**

### Current Customer Information:

Account # \_\_\_\_\_ Rt/Meter # \_\_\_\_\_ Today's Date \_\_\_\_\_

Deposit Amount \_\_\_\_\_ Deposit Date \_\_\_\_\_ Transfer Date \_\_\_\_\_

Service Address \_\_\_\_\_

Deposit Currently In The Name Of (Please Print) \_\_\_\_\_

Deposit To Be Transferred To The Name Of (Please Print) \_\_\_\_\_

I, \_\_\_\_\_, (Please Print) understand that by signing the ***Request for Water Meter Deposit Name Transfer*** I am relinquishing any past, current or future claims to this account, membership or deposit.

***Have this section filled out and signed by the Account Holder unless a Death Certificate is attached. Death certificate attached?  Yes  No?***

Customers Signature \_\_\_\_\_ Witness/Notary \_\_\_\_\_

### New Customer Information:

I, \_\_\_\_\_, (Please Print) understand that by signing the ***Request for Water Meter Deposit Name Transfer*** I accept the responsibility for all past, current or future charges/water bills for this account at this service address while the membership and deposit is in my name. I understand my responsibility begins immediately.

Customers Signature \_\_\_\_\_ Witness/Notary \_\_\_\_\_

Account # \_\_\_\_\_ Rt/Meter # \_\_\_\_\_ Today's Date \_\_\_\_\_

Service Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Divers License # \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Billing Address \_\_\_\_\_

Customer Service Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 01-20-11

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