

AUBURN WATER SYSTEM, INC

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



Company Request For Water Meter Deposit Name Transfer

Acct #: _____ Date: _____

Deposit Amount: \$ _____ Deposit Date: _____

Service Address: _____

Deposit Currently In The Name Of: _____

PRINT

Deposit To Be Transferred To The Name Of: _____

PRINT

I, _____, Please Print

understand that by signing the REQUEST FOR WATER METER DEPOSIT TRANSFER I am relinquishing any future claim to this deposit. I also agree to pay on this date any outstanding water bills occurred prior to this date: up to the last billing cycle

SIGNATURE

WITNESS

I, _____, Please Print

accept the responsibility for all future water bills at this service address while the membership and deposit is in my name. I understand my responsibility begins with the last billing cycle.

SIGNATURE

WITNESS

New Customer Information:

Tax Id #: _____ Dr. License #: _____ *

Fax#: _____ Wk. Phone#: _____

Billing Address: _____

D.O.B.: _____ Employer: _____

Witness

Customer Service Representative

*** A COPY OF DRIVER LICENSE IS REQUIRED WITH THIS FORM UNLESS FILLED OUT IN THE OFFICE.**