**AUBURN WATER SYSTEM**

**TRANSFER UPON DEATH OF AN ACCOUNT HOLDER**

Name of Deceased Account Holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Acct#\_\_\_\_\_\_\_\_\_\_\_

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

Date of Death\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Must produce death Certificate).

**------------------------------------------------------------------------------------------------------------------------------------------Action to be taken:**

 Name Change Transfer to Surviving Party (Must have legal documents that they have the right to the property account and a death certificate). (Get copy of Drivers License)

New Account Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Remove Decedent’s Name Only (Death Certificate Required)

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 Change Billing Address Only (Death Certificate Required)

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

Terminate Account of Decedent’s Account (Death Certificate Required) \*Old deposit will be held pending notification of probate/distribution of decedent’s estate.

Forwarding Address if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Indemnification:** the undersigned hereby agrees to indemnify, defend, and hold Auburn Water System and any employee, officer, affiliate, parent, attorney, agent or predecessor in interest of Auburn water harmless of and from any claim brought or threatened against any Indemnified person by any person on account, relating to, or arising out of the action taken hereunder or information provided herein. The undersigned, by executing where indicated below, acknowledges and agrees that its liability and obligations hereunder shall continue in full force and effect until specifically terminated in writing by a duly authorized officer of Auburn Water.

**By signing below I swear or affirm that the information contained herein is true and correct to the best of my knowledge and belief:**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Customer Service Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_**