

AUBURN WATER SYSTEM, INC

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



TRANSFER UPON DEATH OF AN ACCOUNT HOLDER

Name of Deceased Account Holder _____ Acct# _____

Service Address _____

Date of Death _____ (Must produce death Certificate).

If applicable, New Account Name: _____ Phone #: _____

Billing Address _____ SS# _____

If applicable, ONLY New Billing Address: _____

If applicable, ONLY Forwarding Address: _____

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 Driver's License)
- Remove Decedent's Name Only** (Death Certificate Required)
- Change Billing Address Only** (Death Certificate Required)
- Terminate Account of Decedent's Account** (Death Certificate Required) *Old deposit will be held pending notification of probate/distribution of decedent's estate.

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:

Print Name: _____ Customer Service Witness: _____

Signature: _____ Date: _____