

AUBURN WATER SYSTEM, INC

3097 LOCKE LN
CRESTVIEW, FL 32536
850-682-1258 OR 850-682-3413 ~ FAX 850-398-6643
cs@auburnwatersystem.com



TRANSFER UPON DEATH OF AN ACCOUNT HOLDER

DEATH CERTIFICATE IS REQUIRED TO MAKE ANY CHANGES

Name of Deceased Account Holder _____ Acct # _____

Service Address _____ Date of Death _____

If applicable, New Account Name: _____ Last 4 SSN: _____

Mailing Address _____ ACCT. # _____

Phone # _____ Date of Birth _____ Driver's License # _____

If you would like E-Billing Please Provide Email Address _____

If applicable, ONLY New Mailing 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)
- 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: _____

Signature: _____ Date: _____

CS INT _____