



AUBURN WATER SYSTEM, INC

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



Request for Water Account Deposit Name Transfer

Current Customer Information:		
Account #	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.		
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 #	Today's Date	
Service Address		
Last 4 of SS #	Driver's License #	Date of Birth
Home Phone #	Cell #	If E-billing is preferred please provide Email
Mailing Address		
Customer Service Representative Signature	Date	
If this form is not filled out at Auburn Water System, it must be notarized & a copy of driver license(s)		