



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 #	
Mailing Address (write "Same" if same as service address)		Email 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)		