

AUBURN WATER SYSTEM, INC

3097 LOCKE LN
CRESTVIEW, FL 32536
850-682-1258 OR 850-682-3413 ~ FAX 850-683-1151



REQUEST FOR DEPOSIT LOCATION TRANSFER

NAME _____ DATE _____

DEPOSIT AMOUNT _____ DEPOSIT DATE _____

PRESENT LOCATION:

RT/METER # _____ ACCT # _____

SERVICE ADDRESS _____

DATE TURNED OFF _____ S/O # _____

NEW LOCATION:

RT/METER # _____ ACCT # _____

SERVICE ADDRESS _____

DATE TURNED ON _____ S/O # _____

FINAL BILL OF OLD ADDRESS WILL BE MAILED SEPARATELY

TRANSFER FEE IS \$ 35.00

TRANSFER FEE PAID BY _____
CASH, CHECK, CREDIT CARD

UPDATED CUSTOMER INFORMATION

SS# _____ DR. LICENSE # _____

HOME PHONE# _____ WK. PHONE # _____

BILLING ADDRESS _____

D.O.B _____ EMPLOYER _____

SIGNATURE _____

SIGNATURE OF CUSTOMER SERVICE REPRESENTATIVE

DATE