

AUBURN WATER SYSTEM, INC

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



Request For Water Meter Deposit Name Transfer

If this form is not filled out at Auburn Water System it must be notarized

Rt/Meter # _____ Acct # _____

Deposit Amt \$ _____ Deposit Date: _____ Today's 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.

Have this section filled out and signed by the Account Holder unless a Death Certificate is attached. Death certificate attached? Yes No?

SIGNATURE

WITNESS

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.

SIGNATURE

WITNESS

New Customer Information:

SS# _____ Dr. License # _____

Home Phone# _____ Wk. Phone# _____

Billing Address _____

D.O.B. _____ Employer _____

Added notes to customers

Scanned in LazerFiche

Deposit Name Transfer Completed By

Date

Revised 08-07-09