



DEPARTMENT of WATER SERVICES

Tel #: (264) 497-1270/1 Fax #: (264) 497-1275

TRANSFER OWNERSHIP FORM

Date ___/___/___

Account No. (s): _____ - _____ & _____ - _____ & _____ - _____

PRESENT ACCOUNT HOLDER

NEW ACCOUNT HOLDER

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

Signature of Present Account Holder

Signature of New Account Holder

By signing the above, I also agree to accept the debt owed on the transferred account(s).

Date: ___/___/___

Date: ___/___/___

FOR INTERNAL USE ONLY

Work Order#: _____

Date ___/___/___

Assign to _____

Time: ____:____ am / pm

Date completed ___/___/___

Meter number _____

Work done by: _____

Meter reading: _____

Inspected by: _____

Processing Officer _____

Comments:

