

JOINT MUNICIPAL WATER & SEWER COMMISSION

CHANGE FORM

Date: _____

Account Number: _____

Primary Name on Account: _____

Secondary Name on Account: _____

Service Location: _____

Change of Account Holder

I, _____ am requesting that my name be removed from the account. I understand that I will no longer have any rights to make any changes, or question any charges on the account, or have any rights to any deposits or refunds on the account.

The remaining account holder understands that they are solely responsible for all previous balances and any future charges from this date forward. No other name changes will be allowed on the account unless new service application has been filled out.

(All parties must provide a copy of their driver's license.)

Name to be Removed: _____

Primary Signature: _____

Secondary Signature: _____

Office Use Only

_____ Verified Driver's License of Both Parties

Completed by: _____

Date: _____