

**JOINT MUNICIPAL WATER & SEWER COMMISSION**

**CHANGE FORM**

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Primary Name on Account: \_\_\_\_\_

Secondary Name on Account: \_\_\_\_\_

Service Location: \_\_\_\_\_

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**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: \_\_\_\_\_

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**Office Use Only**

\_\_\_\_\_ Verified Driver's License of Both Parties

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_