

JOINT MUNICIPAL WATER & SEWER COMMISSION
ADD/CHANGE ACCOUNT INFORMATION FORM

Account#: _____

Home #: _____ Work #: _____

Cell #: _____ Other #: _____

Name Change: _____

(Please provide copy of drivers or marriage license.)

Change of address:

Street Address: _____

City: _____ State: _____

Zip Code: _____

Home Phone #: _____

Work Phone #: _____

Add secondary name to account: (Please provide a copy of drivers license.)

Secondary Name: _____

Secondary D/L #: _____

Secondary SS#: _____

Remove secondary name from account:

Secondary Name: _____

Secondary Signature: _____

Transfer Account/Deposit to Secondary:

The Primary account holder is agreeing to sign over the account Deposit to the Secondary account holder and is assigning full responsibility of the account to that person. Primary account holder will be removed from the account and will no longer have any rights to it. The Secondary account holder is also agreeing to be held liable for all account transactions and previous balances from this date forward.

Primary Holder's Name: _____

Social Security Number: _____ - _____ - _____

Signature: _____

Secondary Holder's Name: _____

Social Security Number: _____ - _____ - _____

Signature: _____

I am requesting the above information be changed or added to my account.

Account Holder's Name: _____

Signature: _____

For Office Use Only

Date received: _____

Date work was done: _____

CSR: _____

Updated 4/23/2012