



# Town of Summerton

Post Office Box 279  
10 Main Street  
Summerton, SC 29143  
PH: 803-435-2525  
EX: 803-435-2914

Name on the Account: \_\_\_\_\_

Acct # \_\_\_\_\_

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

Phone # \_\_\_\_\_

Please verify what you would like to do to your account:

To process your request, we require the following:

**IF DUE TO DIVORCE OR MARRIAGE**: A copy of the divorce decree, or marriage license must accompany this signed form.

Name change on the account: \_\_\_\_\_

**IF DUE TO DEATH**: A copy of the death certificate must accompany this signed form.

**IF TRANSFERRING ACCOUNT** to another name or location, we will need a **copy of your Driver's License and Social Security card** I agree to take over any balance due to this account and responsible to pay the water bill monthly to keep this account open. **INITIALS:** \_\_\_\_\_

**LEGAL NAME CHANGE** A copy of the court document showing name change must accompany this signed form.

Name change on account: \_\_\_\_\_

**If adding someone to the account: A copy of their Driver's License and Social Security Card must accompany this signed form.**

Name to ADD on the account: \_\_\_\_\_

**If taking someone off the account:**

Name to REMOVE off the account: \_\_\_\_\_

**Change old mailing address to new mailing address**

Old mailing address: \_\_\_\_\_

New mailing address: \_\_\_\_\_

**REMOVE TRASH CAN**

**ADDING TRASH CAN TO BILL**

EFFECTIVE DATE: \_\_\_\_\_

Account owner: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF PERSON ADDED ON ACCOUNT: \_\_\_\_\_ Date: \_\_\_\_\_