



Town of Summerton

Post Office Box 279
10 Main Street
Summerton, SC 29148
PH: 803-485-2525
FX: 803-485-2914

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: A copy of the divorce decree must accompany this signed form.

Name change on the account: _____

If due to marriage: A copy of the 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, 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.**

If taking someone off the account: Name to remove : _____

Change old mailing address to new mailing address

Old mailing address: _____

New mailing address: _____

EFFECTIVE DATE: _____

Account owner: _____ Date: _____

SIGNATURE OF PERSON ADDED ON ACCOUNT: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____ Initials: _____