



Board of County Commissioners

WATER RESOURCES DEPARTMENT

DIVISION OF UTILITIES

3600 W. Sovereign Path

Lecanto, Florida 34461-7788

(352) 527-7650

FAX (352) 527-7644

Email: WaterResources@citrusbocc.com

Name Change Form

Account #: _____

Name(s) on Account: _____

Service Address: _____

____ **Add**

Please add _____ to existing account.

____ **Name Change** (Marriage/Death) – must provide supporting document and new Drivers License Number _____

____ **Change/Remove** name on account (divorce/separation) must complete below.

I, _____ hereby relinquish claim to any monies on deposit in my name including credits accrued to this date with Citrus County Utilities. I request that the above mentioned account be transferred into the name of _____.

****Signature of both parties is required for any addition and/or removal of name***

***** New account holder must also submit a completed application for service in order to update the account with correct information.***

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____