

ADD/CHANGE ACCOUNT HOLDER

Date

Account Number: _____

Service Address: _____

Current name(s) on account: _____

TO ADD OR CHANGE NAME ON CURRENT ACCOUNT, PLEASE COMPLETE APPLICABLE SECTIONS.

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(1) To add name to account:

Print Name: _____

Social Security Number: _____

Daytime Phone Number: _____

I accept responsibility for water/sewer charges at the above-named account. (Reference section 25-101, section 25-26, section 25-104 and section 25-105 or the Stafford County Code.)

Signature of new account holder

Signature of current account holder

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(2) To remove name of a deceased account holder:

Print name to be removed: _____

Please attach copy of death certificate. Person accepting responsibility for account, please complete Section 1 also.

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(3) To change the legal name of the current account holder:

Print new name: _____

Please attach copy of driver's license

New signature

Please Return Completed Form To:

Mailing Address: Stafford County Utilities P. O. Box 339, Stafford, VA 22555-0339

E-mail: utilcustservice@staffordcountyva.gov

Fax: (540) 658-4082