## **Customer Account Name Change Form**

		_		NDO CO
Account Number		Service Address		HERA ALNOO COUNTY
Marriage/Divorce	Check Box			HEAL
	ons, individual name changes only. icense and/or Marriage Certificate and	/or divorce decree		ORIDE
Addition of Name	Check Box			Hernando County Utilities Department
	the account is equally responsible for p dits on the account will be refunded p			15365 Cortez Blvd Brooksville, FL 34613
Correction of Name	Check Box			E-mail: hcudcs@hernandocounty.us Phone: 352-754-4037
Required: updated Driver's L number is required.	icense and/or supporting documentat	ion. For business name chang	ge, a valid FEI/EIN	Fax: 352-754-4962 http://www.hernandocounty.us/utils/
Death of Account Hol	der Check Box			
Required from Representative	use: death certificate and marriage cer /es: court orders and/or Power of Attor ired to open new accounts and com	ney.	rith current deposit	
Present Customer Information:			New Customer Information: ATTACH PHOTO ID	
Name:		Name	e: 	
Photo ID:		Photo	o ID:	
Name (2):		Name	e (2): 	
Photo ID:		Photo	o ID:	
SSN (last four only):		SSN (	last four only):	
Mailing Address:		Maili	ng Address:	
Zip/Postal Code:		Zip/P	ostal Code	
State/Province:		State	/Province:	
Telephone Number:		Telep	hone Number:	
Main Contact:		Main 	Contact:	
Email:		Email	<b>:</b> 	
IMPORTANT INFORMAT	ION:			
such am authorized to	CUSTOMER ACCOUNT INFORMATION initiate the requested change. I act on file with Hernando County Ut	knowledge that this author		
and/or sewer fees and	ATIONS OF NAMED ACCOUNT HOL charges at the above service addre Water and Sewer District for water	ess. I further agree to conf	orm to the rates, rule	s and regulations of
Customer Signature and Date			Customer Signature and Date	