

I.

TRANSFER OF ACCOUNT RESPONSIBILITY FORM

Purpose: To transfer responsibility for payment of the Eastover Sanitary District (ESD) water/sewer account to another person currently occupying the premises and is named on the lease agreement or Deed in the event of death, divorce, or other instance where the account holder is no longer willing or able to be the customer and another person is willing and able to assume responsibility for past, current, and future charges for that account. In such events, no service initiation fee will be charged as no field service representative will be dispatched to obtain a meter reading since the new customer will assume responsibility for all water used at the premise by the former account holder.

am assuming responsibility for the account below:

-, _	(Print name)	, a a.oag .copo	,
Soc	ocial Security #	-	
A	ccount Number:		
Se	ervice Location:		
Fo	ormer Account Name:		
Мy	signature below affirms	I understand:	
		east and current charges on this accou on the account is currently \$	
	I will not be charged the service initiation fee as responsibility for this account is being assumed rather than established. ESD will NOT obtain a meter reading at the time this account is put in my name as I acknowledge responsibility for all prior usage of the former customer.		
	That I am responsible for following all ESD laws and regulations for water and sewer service and if any amounts on this account are past the due date I am responsible for making prompt payment and/or payment arrangements to avoid termination of water/sewer service.		
Signed:		Date:	
Phone:		E-Mail:	

*Your Social Security Number is being requested for verification of your identity and may be used to collect any debt owed to the District. There is no statutory or other authority requiring you to give your Social Security number.