

GEORGETOWN COUNTY WATER & SEWER DISTRICT

P.O. BOX 2748

GEORGETOWN, SOUTH CAROLINA 29442

843-546-8408

843-546-5836 FAX

**REQUEST TO CHANGE ADDRESS OR NAME ON
WATER AND/OR SEWER ACCOUNT**

Account Name: (As it Appears on Bill) _____

Account Number _____ - _____ Date _____

Service Address _____

Telephone #'s (H) _____ (W) _____ (Other) _____

FOR ADDRESS CHANGE COMPLETE THIS AREA

Current Mailing Address: (Including City, State, Zip Code) _____

New Mailing Address: (Including City, State, Zip Code) _____

Current Service Address: (911 Address):

New Service Address: (911 Address) if applicable:

FOR NAME CHANGE COMPLETE THIS AREA

Reason for Change:

Marriage _____ Death of Spouse _____ Change in Business Name _____

Divorce _____ (Relinquishing Account, Including Any Deposits)

Other _____ (Please Explain) _____

Change Name To: _____

(Please Print)

Social Security #: _____ - _____ - _____

Driver's License #: _____ State _____

Change Requested By: _____

(Signature Required, Account Changes MUST be Approved by Property Owner or Designated Agent)