

Dare County Water

Water Billing Tenant Name Change

From: _____

Date: _____

RE: C/O Name Change

Account Information

Effective Date: _____

Account Number: _____

Service Address: _____

Owners Full Name: _____

Tenant Information

Outgoing Tenants Name: _____

Incoming Tenants Name: _____

Tenants Mailing Address: _____

*Meter Read Date: _____

* There is a \$10 fee to read the meter. Please leave blank if read is not needed.

Owner's Signature: _____

NOTE: Please print this form out, complete and mail original to: Dare County Water Department, 600 Mustian Street, Kill Devil Hills, NC 27948. If you have any questions about completing this form, please call us at (888) 998-9283 or (252) 475-5990

Thank you.