

Licking County Water/Wastewater Department
PO Box 490
Newark, Ohio 43058-0490
740.670.5440

Office Use Only	
R & R's Mailed	_____
Closed Accts	_____
Follow Up	_____
Completed	_____

Transfer of Account/Change of Address (Water/Sewer)

*Please complete and return signed copy to transfer account to new name.

Date: _____ Final read date requested: _____
(Only during normal business hours)

Water Account # _____

Sewer Account # _____ Date of Possession _____

Service Address: _____

Current Account in name of: _____
(Name)

(Forwarding Address)

(City, State, Zip)

(Phone)

Transfer Account to: _____
(Printed Name & Date of Birth Required)

(Driver's License Required or Social Security Number)

(Spouse's Name)

(Loan# & contact person if owner is mortgage company)

(Billing Address)

(City, State, Zip)

(Phone)

Seller's Signature: _____

Buyer's Signature: _____

*Note: Seller is responsible for all charges incurred until date of possession including late charges. However, per our R&R's, any unpaid charges shall be certified to tax duplicate for parcel served.