



Hardin County Water District No. 2

ACCOUNT CHANGE REQUEST

Please complete the following form to request a change on your Hardin County Water District No. 2 account:

Account Number: _____ Date: _____

Current Address: _____

New Address: _____

Existing Account Holder information:

Name on Account: _____

Driver's License/State ID Number: _____ State Issued: _____

SSN: _____ Phone Number: _____

New Account Holder information: *(proof of ownership is required)*

Please change the name on the account to: _____

Driver's License/State ID Number: _____ State Issued: _____

SSN: _____ Phone Number: _____

E-Mail Address: _____

Please select a reason for change:

Power of Attorney (A copy of the POA documentation is required)

Additional Account holder (A copy of each photo ID is required for existing and new)



Change of " Address

Marriage (A copy of the marriage certificate is required)

Death (A copy of executor documents is required)

Legal Name Change (A copy of court document showing name change is required)

Divorce (A copy of the divorce decree showing possession of the property is required)

I am the account owner for the property listed above, and I hereby request the change on this account as indicated above.

Signature of NEW account holder

Date

Please mail or email your request, along with the required documentation and proof of property ownership to:

Hardin County Water District No. 2
ATTN: Customer Service
P.O. Box 970
Elizabethtown, KY 42702

Phone: 270.737-1056
Email:
customer@hcwd2.org

Please be advised, forms received without required documentation and proof of property ownership will not be processed.