



Hardin County Water District No. 2

ACCOUNT CHANGE REQUEST

Account Information

Account Number: _____ Date: _____

Service Address: _____

Mailing Address: _____

Existing Account Holder Information

Name(s) on Account: _____

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

SSN: _____ Phone Number: _____

E-mail address: _____

New Account Holder Information

Name(s) on Account: _____

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 Billing Address
- Legal Name Change or Marriage (A copy of the marriage certificate or other court document is required)
- Death (A copy of executor documents is required)
- Divorce (A copy of the divorce decree showing the possession of the property is required)
- Remove Account Holder
- Update Contact Information

Signature of Account Holder

Date

Signature of Additional Account Holder

Date

Please mail or email your request, along with all required documentation and proof of property ownership to:
ATTN: Customer Service
P.O. Box 970
Elizabethtown, KY 42702
Phone: 270.737-1056
email: customercare@hcw2.org

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

OFFICE USE ONLY

Verified by:

Additional Verification: