

Hardin County Water District No. 2

ACCOUNT CHANGE REQUEST

Phone: 270.737-1056

Please comp	lete the following form to request a change on your Hard	in County Water District No. 2 account:
Account Nun	mber:	Date:
Current Addr	ress:	
New Address	s:	
Existing Acco	ount Holder information:	
Name on Acc	count:	
Oriver's Licer	nse/State ID Number:	State Issued:
Last 5 digits of Social Security Number: Phone Number:		Phone Number:
New Accoun	at Holder information: (proof of ownership is required)	
Please chang	ge the name on the account to:	
Driver's License/State ID Number:		State Issued:
Last 5 digits of Social Security Number: Phone Number:		Phone Number:
E-Mail Addre	ess:	
Please select	t a reason for change:	
	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)	
am the accabove.	count owner for the property listed above, and I her	reby request the change on this account as indicated
	Signature of NEW account holder	Date
Please m	nail or email your request, along with the required d	ocumentation and proof of property ownership to:

ATTN: Customer Service
P.O. Box 970
Elizabethtown, KY 42702

Findle: 270.737-1036

Email:

customercare@hardincountywater2.org

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