# TRANSFERRING WATER ACCOUNT

Silver Creek Water Corp.
8104 County Line Rd * Sellersburg IN 47172
812-246-2889
www.silvercreekwater.org

**Please note that account must be debt free. Membership fee will be transferred to new member and not refunded to current member**

Date_____

Please transfer the water account, **including membership fee** for

_____
(Enter address here)

from _____to _____
Current Name(s) on account New Name(s)

effective _____.

*Signature_____Date_____

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**OFFICE USE ONLY**

☐ Name must currently be on water account. Date Emailed:_____

☐ SCW records changed Sewer Dept: New Albany Sellersburg Clarksville

☐ Have new customer fill out a Water Users Agreement Form. Completed By: _____

CURRENT OWNER PHOTO ID

NEW CUSTOMERPHOTO ID