



Dare County Water Change of Ownership Form

WATER DEPARTMENT USE ONLY	
Date Received:	_____
Account #:	_____
Customer #:	_____
Deposit:	_____

Today's Date: _____

Closing Date: _____

Security Deposit Due From Buyer: _____

Service Address: _____

Buyer's Name: _____

Buyer's Mailing Address: _____

Buyer's Phone Number: _____

Seller's Name: _____

Seller's Forwarding Address: _____

Buyer or Seller Signature _____

ALL ACCOUNTS REQUIRE A SECURITY DEPOSIT PRIOR TO STARTING SERVICE. THE SECURITY DEPOSIT IS BASED ON THE SIZE OF THE METER. I UNDERSTAND AND AGREE TO ABIDE BY THE WATER RATE AND RULES AND REGULATIONS AS ADOPTED BY THE BOARD OF COMMISSIONERS OF DARE COUNTY. I ALSO UNDERSTAND THAT THE COUNTY IS NOT OBLIGATED TO PROVIDE THE SERVICE REQUESTED.

Please complete and mail to us: DCWD, 600 Mustian Street, Kill Devil Hills, NC 27948 or fax to (252) 441-2239. If you have any questions about filling out this form, please call us at (888) 998-9283.