Phone: (304) 278-8029

PWSID#: WV3302518 Website: PawPawWater.com



Voicemail message system monitored on off-days Email: PawPawH20@gmail.com

Fax#: (304)278-8119

	· · ·	tuated at Library End of Arnettsville Community Center at 4120 Fairmont Rd OR return by mail.)
count #	serving	(physical address of property)
CHANGE to	ACCOUNT, due to death (choose 1 app	propriate option):
🗆 Ren	naining Legal Spouse: Return this form with a xero	
	its' current state and further request th	sted above, I wish to assume full responsibility as Customer of Record for this account i nat any existing security deposit be transferred into my name. , as listed below, passed away//
	Print name:	(name of deceased)
		/ Driver's License or Government Issued ID#: State State
	Current Phone Number:	Email Address:
		ord to "Estate of": Return this form with a xerox copy of Death Certificate & Letter Administration.
and th future	he executor/executrix of this estate will assu	ship for account listed above, will become the responsibility of the deceased's estate, ume control of the account in its' current state, recognizing that per our tariff, that s, whether there is usage or not, until a Stop Service Request form is submitted by the
	-	, as listed below, passed away/
	Print name:	(name of deceased)
		ged to "Estate of" name of deceased, as listed above.
		(Executor/Executrix) ote that any persons expecting to move into this residence, are required to complete a
	Request f	for New Service/Application and pay all required fees to change service at this residence own name.
		of government issued ID and xerox copy of legal paperwork supporting name change. (Print original name as listed on account)
	1	
		iate option): The Primary Applicant on an account CANNOT be removed without
ADD/REMO	OVE Co-APPLICANT: (choose 1 appropries of the second secon	iate option): The Primary Applicant on an account CANNOT be removed without prior submission of Application for New Service Contract & fees. (print co-applicant's name) is to be added
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