

**Dare County Water**  
*Water Billing Tenant Name Change*

From: \_\_\_\_\_

Date: \_\_\_\_\_

RE: C/O Name Change

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**Account Information**

Effective Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Owner's Full Name: \_\_\_\_\_

**Tenant Information**

Outgoing Tenant's Name: \_\_\_\_\_

Incoming Tenant's Name: \_\_\_\_\_

Tenant's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**Meter Read Date:** \_\_\_\_\_

**\*\*There is a \$10 fee to read the meter. Please leave blank if read is not needed.**

Owner's Signature: \_\_\_\_\_

**NOTE:** Please print, complete, and mail original to: Dare County Water Department, 600 Mustian Street, Kill Devil Hills, NC 27948. If you have any questions, please call us at (888) 998-9283, (252) 475-5990 or email to [water@darenc.com](mailto:water@darenc.com). Our fax number is: (252) 441-2239.