



# Account Change Request for Utility Service

Office Use Only				
Clerk Initials		Account Number	Documents Received	YES <input type="checkbox"/>

## Change of Address

**Property Manager**       **Renter**       **Owner**       **Realtor**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Service Address: \_\_\_\_\_  
*Street Address*

Old Mailing Address: \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City State Zip*

New Mailing Address: \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City State Zip*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Last 4 digits of DL or SS#: \_\_\_\_\_

## Associated Customer/ Spouse/ Other

<b>Add</b> <input type="checkbox"/>	<b>Replace</b> <input type="checkbox"/>	<b>Remove</b> <input type="checkbox"/>
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Full Name: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_



## Account Change Request for Utility Service

### Terms and Conditions for **Adding** or **Replacing** Associated Customer

I understand by signing this document, I am assuming financial responsibility for the account with the primary customer.

### Terms and Conditions for **Removing** Associated Customer

- I understand I will no longer be permitted to access information about this account.
- I understand any/all contributions for payments or deposits will be forfeited to the account and the account holder. I will not receive reimbursement for funds paid thus far.

Associated Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Last 4 digits of DL or SS#: \_\_\_\_\_

*\*Signature of the account holder is required for your request to be approved.*

*\*\*Last four of DL or SSN is required to confirm changes were directly requested by the account holder.*