



## Utility Account Change Request

| OFFICE USE ONLY |  |           |  |                    |                              |
|-----------------|--|-----------|--|--------------------|------------------------------|
| Staff Initials  |  | Account # |  | Documents Received | YES <input type="checkbox"/> |

**Change of Address** \*Fields in red are required.

\*Validation: DL # \_\_\_\_\_ or Last 4 SSN: \_\_\_\_\_

\*Primary Account Holder's Name: \_\_\_\_\_  
*LAST FIRST M.I.*

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

**OLD** Mailing Address: \_\_\_\_\_  
*Street Address City State Zip Code*

**NEW** Mailing Address: \_\_\_\_\_  
*Street Address City State Zip Code*

**Update Contact Information for Primary Account Holder**

Update Primary Account Holder's Name: \_\_\_\_\_  
*LAST FIRST M.I.*

Add/Update Primary Phone Number: \_\_\_\_\_

Update Primary Email Address: \_\_\_\_\_

**Add/Update Associated Customer**

Full Name: \_\_\_\_\_  
*LAST FIRST M.I.*

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

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

**Please see the other side.**



**Terms and Conditions**

All requested changes impact on the communication and fiscal responsibility of the account. I understand that by signing this document, I am assuming the responsibility for the account with the primary account holder. *I acknowledge, should the primary account holder become deceased or incarcerated, the associated customer becomes the primary account holder.*

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

Primary Account Holder's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Removal of Associated Customer**

Associated Customer: \_\_\_\_\_  
Please print the associated customer's name.

**Terms and Conditions**

By signing this document, I will be considered as a former associated customer to the account and will no longer have access to the account after submission of this document to Utility Billing & Collections. Moreover, all payments, including the deposit(s) and possible refunds, are forfeited to the account and the primary account holder.

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

\*Validation: Driver's License \_\_\_\_\_  
or last 4 SSN \_\_\_\_\_ of Associated Customer being removed from account: