



UTILITY ACCOUNT CHANGE FORM

CUSTOMER INFORMATION (This section must be completed for all changes)			
LAST NAME:		FIRST NAME:	ACCT#
SERVICE ADDRESS:		EMAIL:	
DISCONNECT REQUEST (This section must be filled out completely for disconnect requests to be processed)			
FORWARDING ADDRESS:			D/C Date:
CITY:	STATE:	ZIP:	
NAME CHANGE REQUEST (Complete this section to change name on account)			
Old Name:		New Name	
Reason for Change: Marriage -		Divorce -	Other:
ADD NAME TO ACCOUNT			
LAST NAME:		FIRST NAME:	DOB:
SS:	DL:	RELATION TO ACCT HOLDER:	
REMOVE NAME FROM ACCOUNT			
LAST NAME:		FIRST NAME:	DOB:
SS:	DL:	RELATION TO ACCT HOLDER:	
UPDATE CONTACT INFORMATION (Initial changes you wish to update/change)			
MAILING STREET / PO BOX ADDRESS:			APT/STE:
CITY:		STATE:	ZIP:
PHONE:		EMAIL:	
<input type="checkbox"/> UPDATE MAILING (please initial)	<input type="checkbox"/> UPDATE PHONE (please initial)	<input type="checkbox"/> REMOVE AUTO DRAFT	<input type="checkbox"/> ADD AUTO DRAFT
			*Must complete form.

Signature

Date

Print Name

Completed By: Date:
