

North Alabama Gas District

P O Drawer 2590
Muscle Shoals, Al 35662
256-383-3306 Fax 256-386-0627

P O Box 1428
Madison, Al 35758
256-772-0227 Fax 256-772-8098

P O Box 847
Town Creek, Al 35672
256-685-2708 Fax 256-685-1888

www.nagd.com

Application for Business Name Change

(Requires two signatures, if notarized both signatures must be notarized)

Name on Account/Deposit: _____

Responsible Party on Account: _____

Service Location: _____

Account Number: _____ **Deposit Receipt No.** _____

Signed by: _____
(Original Account Holder)

Change Deposit Receipt to: _____

Responsible Party on Account: _____

State & Drivers License No. _____ **Social Security No.** _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **E-mail** _____

Mailing Address (if different from service location) _____

Previous Residential Address _____

Employed by _____

Employer's address & phone _____

Signed by: _____
(New Account Holder)

Note: Business must be staying at same location.

Date for change: _____

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This form must be notarized if paperwork is completed outside North Alabama Gas District's Office

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20_____, personally appeared before me, the above named party/parties and made oath that the statements made are true.

Notary Public: _____

My Commission Expires: _____