

North Alabama Gas District

P O Box 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

Application for Residential Name Change

Name on Account/Deposit: _____
Service Location: _____
Account Number: _____ **Deposit Receipt No.** _____
Signature of Original Account Holder: _____

Change Deposit Receipt to Name _____
State & Drivers License No. _____ **Social Security No.** _____
Phone # 1 _____ **Phone #2** _____
Work Phone _____ **E-mail** _____
Mailing Address (if different from service location) _____
Previous Residential Address _____
Employed by _____
Employer's address & phone _____
Signature of New Account Holder: _____

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 individual/individuals and made oath that the statements made are true.

Notary Public: _____

My Commission Expires: _____