



Customer Services
TEL : (519) 745-4771
FAX: (519) 745-3631

CHANGES TO ACCOUNTS

ACCOUNT NUMBER _____ HM # _____
 SERVICE ADDRESS _____ BUS # _____
 CUSTOMER NAME _____ FAX # _____
 MAILING ADDRESS _____

WHY CHANGE REQUIRED Name change only
Please provide 1 copy of photo identification and return to our office.

NEW INFORMATION _____

RECEIVED INFORMATION FROM _____

BY MAIL COUNTER TELEPHONE FAX EMAIL OTHER
 Please indicate reason for name change.

NAME CHANGE REQUEST DEATH OF SPOUSE NO CHARGE TENANT OWNER
 MARRIAGE NO CHARGE VERIFIED WITH C OF K OR TOWNSHIP
 DIVORCE NO CHARGE DATE _____
 MARITAL SEPARATION NO CHARGE FC 155 FC 173
 OTHER \$20.00 'ACCOUNT SET UP' FEE TO APPEAR ON NEXT BILLING
 SECURITY DEPOSIT \$ _____ CHARGE TO APPEAR ON NEXT BILLING

Please indicate new account name.

NEW ACCOUNT NAME _____

Please sign and date below.

SIGNATURE _____ DATE _____

PRINT NAME _____

POSTED BY _____ DATE _____