



Changes to Accounts

Account Number _____ Home # _____
Service Address _____ Business # _____
Customer Name _____ Fax # _____
Mailing Address _____

Why Change Required Name change only
Please sign and provide 1 copy of photo identification and return to our office.

New Information

Received Information From _____

- By Mail Counter Telephone Fax Other Email
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 _____