



Residential-Name Change

PROPERTY INFORMATION:

Street Number: _____ Street Name: _____

Account Number: _____

ITRON Number: _____

CURRENT APPLICANT INFORMATION:

Owner: _____

Property Owners Name: _____

Applicant's Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Driver License Number: _____ State of Issue: _____

Telephone Number: ____/____/____ Email Address: _____

Spouse's Name: _____

Applicant's Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Driver License Number: _____ State of Issue: _____

Telephone Number: ____/____/____ Email Address: _____

CHANGE IN NAME:

Property Owner's Name: _____

Spouse's Name: _____

I understand that changing the billing name(s) does not eliminate my ultimate responsibility to pay the bill in a timely manner.

Owner Signature: _____

Spouse Signature: _____

Fiscal Officer Signature: _____