

CITY OF GONZALES

REQUEST FOR NAME CHANGE ON UTILITY BILLING ACCT

THIS FORM CAN ONLY BE USED IN THE EVENT OF
A DEATH, MARRIAGE, OR DIVORCE

ACCOUNT NAME:
SERVICE ADDRESS:
ACCOUNT NUMBER:

BILLS WILL BE CHANGED TO THE FOLLOWING:

NAME:
MAILING ADDRESS:
REASON FOR CHANGE: (ATTACH PROPER DOCUMENTATION-DEATH CERTIFICATE /MARRIAGE OR DIVORCE DECREE/DL/ID)

SIGNATURE OF PERSON REQUESTING CHANGE

DATE

SIGNATURE OF PERSON ACCEPTING CHANGE

DATE