



CITY OF GONZALES

REQUEST TO ADD/ REMOVE SECONDARY PERSON ON UTILITY BILLING ACCOUNT

ACCOUNT NAME:
ACCOUNT NUMBER:
SERVICE ADDRESS:
REASON FOR CHANGE:
NAME OF PERSON TO BE ADDED/REMOVED:
DOB:
TX ID/DL:

SIGNATURE OF PERSON REQUESTING CHANGE

DATE

SECONDARY PERSON APPROVING CHANGE

DATE

CLERK SIGNATURE

DATE

