



City of Glendale  
5850 W Glendale Ave.  
Glendale, AZ 85301  
(623) 930-2217  
(623) 930-2186 fax

## Name Change Form

To request a name change, please complete the following form.

Reason for requesting name change:

- Marriage (enclose copy of marriage certificate)
- Divorce (enclose copy of divorce decree showing possession of the property)
- Death (enclose copy of death certificate or will showing possession of the property)
- Change of Occupancy (enclose copy of lease agreement, escrow paper of recorded deed)
- Other (please specify)

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### SECTION 1

I, \_\_\_\_\_, agree to assume all liability of future billings and outstanding balance on account # \_\_\_\_\_ which is located at \_\_\_\_\_  
I acknowledge the current balance of \$ \_\_\_\_\_ as of \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Signature Date

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Dr license # \_\_\_\_\_ exp date \_\_\_\_\_

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### SECTION 2

**If there is a deposit on the account, the party surrendering the deposit must complete this part, sign it and have it notarized.**

I, \_\_\_\_\_, acknowledge that \_\_\_\_\_  
has taken responsibility for account # \_\_\_\_\_, which is located at \_\_\_\_\_  
I agree to allow the deposit of \$ \_\_\_\_\_ as well as the liability of future and outstanding billings to be transferred to the name of \_\_\_\_\_

\_\_\_\_\_  
Signature Date

SUBSCRIBED AND SWORN TO before me the \_\_\_\_\_ day of \_\_\_\_\_  
BY \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission expiration date