



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 _____

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