

Name Change Form

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

Reason for requesting name change:

Death (enclose copy of death certi	e certificate) lecree showing possession of the prop ificate or will showing possession of th opy of lease agreement, escrow paper	e property)
l,	, agree to assume all liab	ility of future billings and the
outstanding balance on account #	which is located at	
	as of//	·
Signature	Date	
Home Phone	Work Phone	
Social Security #	Drivers License #	Exp Date
If there is a deposit on the account, the par have it notarized.	rty surrendering the deposit must com	plete this section, sign it and
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 transf	ferred to the name of	
Signature	Date	
SUBSCRIBED AND SWORN TO before r	ne the day of	
BY		
Notary Public	Commissi	on Expiration Date

P: 623-930-3190 / F. 623-930-2186 / utilitybilling@glendaleaz.com / 7:30 am to 5:00 pm Mon-Fri (except City Observed Holidays)