

Request of a Name Change On City of Ellis Municipal Utility Account

Please print all information

Service address: _____ Account number: _____

Name(s) on the account at the present time: _____

Reason for change: Marriage Deceased spouse Add _____
(describe legal capacity—guardian, POA, executor, etc.)

Divorce Add co-occupant(s) Remove co-occupant(s) _____

Other _____

Name(s) on the account after change: _____

If adding new name(s) to the account, please complete the box(es) below.

A copy of each new applicant's driver's license must accompany this application.

A copy of document granting legal capacity (i.e.-guardian, POA, executor) must accompany this application.

Name _____ DOB _____
(Include maiden or alias names)

SS # _____ DL # (include issuing State) _____

Employer & Address _____

Home/Cell Phone # _____ Work Phone # _____

Is this individual authorized to request utility services for or make changes to this account? Yes No

Is this individual responsible/co-responsible for paying any utility charges incurred to this account? Yes No

Name _____ DOB _____
(Include maiden or alias names)

SS # _____ DL # (include issuing State) _____

Employer & Address _____

Home/Cell Phone # _____ Work Phone # _____

Is this individual authorized to request utility services for or make changes to this account? Yes No

Is this individual responsible/co-responsible for paying any utility charges incurred to this account? Yes No

I agree to the above listed changes.

Signature of original account holder

Date

Signature of original account holder

Date

I accept the above listed changes at the above reference address.

Signature of new account holder

Date

Signature of new account holder

Date

UB Application

UB Master Name

Address

UB Master SN Rate

Polycart Listing