



CITY OF WILLARD, MISSOURI CHANGE REQUEST

Names on Account: _____

Property Address: _____

City: _____ State: _____ Zip: _____

*ID must be available upon request by the utility clerk when changes are made to an account.

Name Change:

I _____ request my name to be changed to _____ due to a life changing event; and have provided proof of legal name change.

Signature _____ Date _____

Co-Applicant:

I request to add/remove _____ to/from my account; and I understand that they will have equal responsibilities and rights on this account to add/change/cancel.

Co-Applicant Name: _____ SSN: _____

DOB: _____ Driver's License #: _____ State: _____

Home #: _____ Cell #: _____

Signature of account holder _____ Date _____

Signature of Co-Applicant _____ Date _____

Mailing Address:

I _____ request my mailing address be updated to:

Street Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

E-Billing:

I _____ request: e-bill only e-bill and a mailed copy:

E-mail: _____

Signature _____ Date _____

OFFICE USE ONLY

Account # _____ Received by _____ Date _____

_____ Name Changed _____ Co-App added to main Acct. _____ FWD Add entered

_____ Copied ID _____ Added info to Co-App tab _____ Added email

_____ Copied ID _____ Yes to e-billing

_____ History Note _____ Attached to App