



CITY OF WILLARD, MISSOURI ACCT HOLDER NAME CHANGE REQUEST

Name(s) on Account: _____

Property Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

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

Name Change:

I _____ request this account name to be changed to _____ due to a life changing event (ie transfer to new acct holder, Deceased, POA, ect).

Signature _____ Date _____

New Applicant/Co-Applicant:

I request to add _____ to this account.

Applicant Name: _____ SSN: _____

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

Home #: _____ Cell #: _____

Email Address _____

Signature of account holder _____ Date _____

Current Applicant/Co-Applicant to be removed:

I request to remove _____ from this account; and I understand that they will *no longer* have equal responsibilities and rights on this account to add/change/cancel service.

Applicant Name: _____ SSN: _____

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

Home #: _____ Cell #: _____

Email Address _____

Signature of account holder _____ Date _____

Mail, email, and Texting add/changes:

I _____ request to update my account.

Street Address: _____ City: _____ State: _____ Zip _____

Home #: _____ Cell #: _____

Email Address _____

E-bill Only E-bill and Mailed Copy I would like Text Messages

Signature of account holder _____ Date _____

OFFICE USE ONLY

Account # _____ Received by _____ Date _____

_____ Name Changed	_____ New App added to Acct	_____ Current App Removed
_____ Address Changed	_____ Copied ID	_____ Added info to App tab
_____ Deleted from acct	_____ History Note	_____ Attached to App