



NAME CHANGE or ACCOUNT ADDITION and MAILING ADDRESS CHANGE  
WATER/SEWER SERVICE ACCOUNT

Today's Date: \_\_\_\_\_  
*\*\*Name change\*\**

Applicant: \_\_\_\_\_ Current Name on Acct: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

SSN: \_\_\_\_\_ Account #: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*\*\*Add secondary to account\*\**

Secondary Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_  
*\*\*\*Please select one of the following PAPER BILL \_\_\_\_\_ E-BILL \_\_\_\_\_\*\*\**

PURPOSE OF NAME OR MAILING ADDRESS CHANGE		
Marriage _____	Deceased _____	Household change _____
Divorce _____	Estate Name _____	*Other _____
POA _____	PR _____	*Reason _____

If an additional address will be changed, please list below with the account number:

Address \_\_\_\_\_ Account # \_\_\_\_\_

**..BELOW FOR FINANCE DEPARTMENT USE ONLY..**

Appl. Rec. By: \_\_\_\_\_ Information Packet Req or Given: \_\_\_\_\_ Business License #: \_\_\_\_\_ Change Req by: \_\_\_\_\_  
Closing or Lease Agreement: \_\_\_\_\_ Lex Co Website \_\_\_\_\_ POA or PR Docs Provided \_\_\_\_\_  
Verification: ID Type/Number \_\_\_\_\_ DOB: \_\_\_\_\_ Updated Annexation Agreement: \_\_\_\_\_  
Any Outstanding Bills in Current Acct Holder Name: \_\_\_\_\_ Any Outstanding Bills in App Name \_\_\_\_\_ In Town: \_\_\_\_\_ Out Town: \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Title (if with a company) \_\_\_\_\_ Date \_\_\_\_\_

Secondary Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Title (if with a company) \_\_\_\_\_ Date \_\_\_\_\_