

**WHITELAND, IN**549 E Main St - [www.townofwhiteland.com](http://www.townofwhiteland.com) - phone: 317.535.5531 - fax: 317.535.8724**UTILITY—NAME CHANGE REQUEST**

Date of Application: \_\_\_\_\_

Whiteland Utilities Account Number: \_\_\_\_\_

**Current Account Information**

Name of Account Holder			
Service Address	City	State	Zip
Primary Phone	Email Address		
Billing Address (if different from service address)	City	State	Zip

**Updated Account Information**

<input type="checkbox"/> Add <input type="checkbox"/> Change Name   Name(s) of Account Holder	
Reason for Change <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Death of co-applicant <input type="checkbox"/> Other: _____	
Effective Date (mm/dd/yyyy)	Signature

\*By typing my name above, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

**Office Use Only**

Date Received / Completed by: \_\_\_\_\_