



## 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	Alternate Phone		
Billing Address (if different from service address)	City	State	Zip

Updated Account Information	
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 Request Completed: _____
Completed By: _____