



249 N. Miller Road
Saginaw, Michigan 48609

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AUTHORIZATION FOR UTILITY BILLING
NAME CHANGE ONLY

PLEASE PRINT

I, _____, AM THE OWNER OF THE
(PREVIOUS NAME)

PROPERTY LOCATED AT _____
(ADDRESS) (CITY/STATE/ZIP)

WOULD LIKE MY NAME CHANGED TO: _____

I UNDERSTAND THAT AS PROPERTY OWNER I AM ULTIMATELY RESPONSIBLE FOR ALL UTILITY PAYMENTS INCLUDING ANY CURRENT BALANCES. ALL ACCOUNTS NEED TO BE CURRENT FOR CONTINUED SERVICE.

OWNER'S SIGNATURE

PHONE NUMBER

DATE

Please return with a photo copy of your I.D.