NAME CHANGE ONLY UTILITY BILLING AUTHORIZATION

PROPERTY OWNER: _____
(FIRST NAME) (LAST NAME)

PROPERTY ADDRESS: _____
(ADDRESS) (CITY, STATE & ZIP)

WOULD LIKE MY NAME CHANGED TO: _____
(FIRST NAME) (LAST NAME)

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

_____ _____ _____
OWNER SIGNATURE **PHONE NUMBER** **DATE**

PAPERLESS BILLING? ☐ **YES** ☐ **NO**

EMAIL ADDRESS: _____

We offer "Direct Debit" as a payment option.
Please see our *Utility Billing* department for more information

PLEASE RETURN THIS FORM WITH A COPY OF YOUR PHOTO I.D.

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Email: WATERSEWER@THOMASTWPMI.GOV