

249 N. Miller Road Saginaw, Michigan 48609 Office (989) 781-0150 Fax (989) 781-0290

AUTHORIZATION FOR UTILITY BILLING NAME CHANGE ONLY

PLEASE PRINT

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

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