Finance and Budget Department
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Avondale
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OFFICE USE ONLY

Route # _____

COMPLETED BY: _____

UPDATE INFORMATION

(Please check the box next to item to change)

Date: _____ Account #: _____

Service Address: _____

Current Name on Account: _____

Current account holder Last 4 digits of SSN: _###_ - _##__ - _____ _____ _____ _____

☐ **Name Change to**: _____
(Due to deceased primary and surviving current owner, death certificate must be submitted)

Last 4 digits of SSN: _XXX_ - _XX__ - _____ _____ _____ _____

☐ **Legal Name Change to**: _____
(Due to marriage/divorce/legal change, legal documents must be submitted)

☐ **Phone#:** _____
(Please provide best day time phone number)

☐ **Mailing Address:** _____

_____
Signature **Date**

Last 4 digits of SSN: _XXX_ - _XX__ - _____ _____ _____ _____

State Driver's License/I.D. #: _____ _____ EXP____/___/_____ DOB____/___/_____
(State)

Co-Applicant: _____

☐ **Legal Name Change to**: _____
(Due to marriage/divorce/legal change, legal documents must be submitted)

Last 4 digits of SSN: _XXX_ - _XX__ - _____ _____ _____ _____

_____
Co-Applicant Signature **Date**

State Driver's License/I.D. #: _____ _____ EXP____/___/_____ DOB____/___/_____
(State)