



UTILITY ACCOUNT CHANGE FORM

CUSTOMER INFORMATION (This section MUST be completed for all changes)		
LAST NAME:	FIRST NAME:	ACCT #:
SERVICE ADDRESS:	EMAIL:	
DISCONNECT REQUEST (This section MUST be filled completely out for disconnect requests to be processed)		
FORWARDING ADDRESS:		D/C DATE:
CITY:	STATE:	ZIP:
ADD CO-OCCUPANT		
LAST NAME:		FIRST NAME: DOB:
SS:	DL:	RELATION TO ACCT HOLDER:
REMOVE CO-OCCUPANT		
LAST NAME:		FIRST NAME: DOB:
SS:	DL:	RELATION TO ACCT HOLDER:
ADD OPTIONAL MEMBERSHIPS (Initial changes you wish to update/change)		
<input type="checkbox"/> CAREFLIGHT \$1.00/Month	<input type="checkbox"/> TEXAS EMS \$1.00/Month	<input type="checkbox"/> PARKS DONATION \$ _____
		<input type="checkbox"/> CONFIDENTIAL*
REMOVE OPTIONAL MEMBERSHIPS (Initial changes you wish to update/change)		
<input type="checkbox"/> CAREFLIGHT \$1.00/Month	<input type="checkbox"/> TEXAS EMS \$1.00/Month	<input type="checkbox"/> PARKS DONATION \$ _____
		<input type="checkbox"/> CONFIDENTIAL*
UPDATE CONTACT INFORMATION (Initial changes you wish to update/change)		
MAILING STREET / PO BOX ADDRESS:		APT/STE:
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
<input type="checkbox"/> UPDATE MAILING (Please initial)	<input type="checkbox"/> UPDATE PHONE (Please Initial)	<input type="checkbox"/> REQUESTED DEPOSIT REFUND (Will be applied as a bill credit)
<input type="checkbox"/> Remove Auto Draft	<input type="checkbox"/> Add Electronic Bill (Only Electronic Copy of Bill, not payment).	<input type="checkbox"/> Remove Electronic Bill

SIGNATURE _____

DATE _____

PRINT NAME _____

*Texas Utilities Code Sec. 182.052 "Confidentiality of Personal Information", allows the utility customer to keep some or all personal information confidential. However, your Confidentiality Form does not prohibit the City of Granbury from disclosing personal information in your account record to certain persons or entity pursuant to Texas Utility Code Sec. 182.054.

FOR OFFICE USE ONLY

Entered by:	Date