



City of Crandall  
110 S. Main Street  
Crandall, Texas 75114  
Tel: 972-427-3771 Fax: 972-472-6601

## NAME CHANGE REQUEST FORM

DATE: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

PREVIOUS ACCOUNT HOLDER: \_\_\_\_\_  
(First) (Middle) (Last)

NEW ACCOUNT HOLDER: \_\_\_\_\_  
(First) (Middle) (Last)

NAME OF SPOUSE: \_\_\_\_\_  
(First) (Middle) (Last)

SOCIAL SECURITY #: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

I, \_\_\_\_\_, agree to release the water utility deposit in the amount of \$ \_\_\_\_\_, to the new account holder, \_\_\_\_\_, on this day, \_\_\_\_\_ of \_\_\_\_\_ 2013.

Customer Signature: \_\_\_\_\_

Releasing Claims to: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ Commission Expires On: \_\_\_\_\_