



711 MAIN STREET
GRAIN VALLEY, MO 64029
PHONE 816-847-6280 FAX 816-847-6209

NAME CHANGE REQUEST FORM

Date: _____

ACCOUNT NUMBER: _____

CURRENT ACCOUNT NAME: _____

SERVICE ADDRESS: _____

PHONE # _____ EMAIL _____

I WOULD LIKE TO CHANGE THE NAME ON MY CURRENT WATER ACCOUNT.

CHANGE NAME TO _____

SOCIAL SECURITY # _____

PHONE # _____ EMAIL _____

I WOULD LIKE TO ADD A CO-OCCUPANT TO MY CURRENT WATER ACCOUNT.

NAME TO BE ADDED TO MY ACCOUNT: _____

CO-ACCOUNT SOCIAL SECURITY #: _____

CO-ACCOUNT PHONE #: _____

I AUTHORIZE THE CITY OF GRAIN VALLEY TO MAKE THE ABOVE CHANGES ON MY ACCOUNT. I ACCEPT RESPONSIBILITY FOR ANY AND ALL AMOUNTS BILLED TO ME BY THE CITY OF GRAIN VALLEY, MO.

SIGNATURE