



300 E Maple St
Columbus, KS 66725
Phone: (620) 429-2159
Fax: (620) 429-1159

UTILITY ACCOUNT TRANSFER FORM: NAME CHANGE REQUEST

Please print all information

Service Address

Account Number

Name(s) on the account at the present time

Proposed name change

- Reason for Change: Marriage Divorce Deceased Spouse
- Remove co-occupant(s) _____
- Add co-occupant(s) who is also responsible for any bills [See instructions below]
- Add non-dependent occupant(s) who is NOT responsible for any bills [See instructions below]
- Other _____

If adding new name(s) to the account, please complete the box(es) below.
A copy of each new applicant's driver's license must accompany this application.

Name (include maiden or alias names)	DOB
Social Security #	Driver's License # (include issuing State)
Employer & Address	
Home/Cell Phone #	Work Phone #

Name (include maiden or alias names)	DOB
Social Security #	Driver's License # (include issuing State)
Employer & Address	
Home/Cell Phone #	Work Phone #

I agree to the above changes:

Signature of original account holder

Date

Signature of original account holder

Date

**I accept (co-)responsibility
for the municipal utility bills
at the above reference
address.**

Signature of new account holder

Date

Signature of new account holder

Date

All name changes will be completed only when the account has a ZERO (\$0.00) balance.

UB Master Name

UB Master SN Rate

US Application

Address