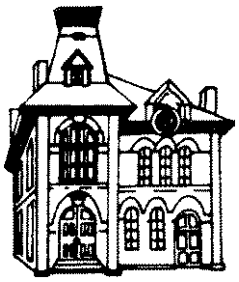

Village of LaGrange

301 Liberty Street
LaGrange, Ohio 44050
440-355-5555

LaGrange Utilities Account Changes

Utility Account Number: _____ Date to start change: _____

Name On Account: _____

Service Address: _____

Changes Requested: _____

_____

_____

If adding/removing a name on account:

Name being added/removed: _____

Date of Birth: _____

Last four of Social Security Number: _____

Name of Employer: _____

Employer Phone Number: _____

By signing below, you acknowledge that you are the account holder and approve of these changes. These changes do not release you from liability or ownership of the Utility bill. By signing below, you acknowledge that you are still responsible for any charges and/or usage at the address above.

_____ _____

Signature of account holder Date