



DeSoto Water Utilities

RESIDENTIAL REQUEST FOR ACCOUNT NAME CHANGE

FROM: _____

TO: _____

ACCOUNT NO. _____ ADDRESS: _____

DATE: _____

SIGNATURE OF ORIGINAL DEPOSITOR FOR RELEASE OF DEPOSIT

If no signature is available for release of deposit, the deposit will be returned to the depositor upon their request. A new deposit will then be required by the requestor as set in the current City Code of Ordinance.

REASON: _____

APPLICATION UPDATE FOR REQUESTOR

ACCOUNT NO:		DATE:		
NAME:		SPOUSE NAME:		HOME PHONE NO:
SERVICE ADDRESS:				
DRIVERS LICENSE NO:	SOCIAL SECURITY NO:	DOB	EMPLOYED BY:	WORK PHONE NO:
SPOUSE LICENSE NO:	SOCIAL SECURITY NO:	DOB	EMPLOYED BY:	WORK PHONE NO:
PROPERTY OWNERS NAME:		ADDRESS/CITY/STATE/ZIP		PHONE NO:
EMAIL ADDRESS:				CELL PHONE NO:
REQUEST CONFIDENTIALITY REQUESTED: YES: NO:		REQUEST SENIOR 65 DISCOUNT: YES: NO:		
SIGNATURE OF REQUESTOR:				

1. FILL OUT & ATTACH COPY OF DRIVER LICENSE ID FOR BOTH PARTIES

2. MAIL TO: CITY OF DESOTO
 PO BOX 550
 or DESOTO, TX 75123-0550

3. FAX TO: (972) 230-5795