# CUSTOMER ACCOUNT CHANGE REQUEST

**TYPE OF ACCOUNT**
◯ RESIDENTAL ◯ COMMERCIAL

Any changes must be made in person or by emailing pwreception@cityoftombstoneaz.gov
To remove an account holder, please provide a copy of the death certificate or divorce degree. If not applicable, they must be present or submit via email.
*Some changes may result in an account closure/reopening and deposits

**DATE OF CHANGE:** ____/____/_____

**ACCOUNT NUMBER:** _____

**ACCOUNT NAME**: _____

**CHANGE REQUEST/ADDITION**

Updated Name or Business Name: _____

Last 4 of SSN: _____

ID/DL Number: _____

Date of Birth: ____/____/_____

Updated Mailing Address: _____

Updated Phone Number(s): _____-_____-_____

**REMOVAL OF AN ACCOUNT HOLDER**

Name: _____

Date of Birth: ____/____/_____

I, the undersigned, hereby make my application to the City of Tombstone for utility services and agree to pay for such services at the regular published rates in accordance with the applicable rules of the City of Tombstone. I agree that the City of Tombstone, or a representative, may discontinue service in the event of failure on my part to comply with the terms and conditions of the agreement after two written notices. I agree to pay for such services, until I notify the City in writing of desired service disconnect. I agree that failure to pay, will result in account being turned over to collections and subject to 15% fee. Refunded amount, if any, after desired disconnect, will be paid by check to the person(s) whose name(s) appear on this account. The co-applicant, if any, has the same rights and responsibilities.

Continued on next page

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Utility Applicant Signature and Date

_____

Utility Co-Applicant Signature and Date

_____

Utility Clerk Signature and Date

**CITY USE ONLY:**

City Official Initials and Date: _____

Utility Clerk Initials and Completion Date: _____