



## Name Change Form

Please check:  Name Change  Account Name Change

Please fill in this form, print, SIGN, and return to us WITH AN ENLARGED LEGIBLE COPY OF YOUR PHOTO ID OR DRIVERS LICENSE. Questions? Call us at (360) 532-4220 or 1-800-562-7726.

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name Changing From: \_\_\_\_\_

Name Changing to: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Effective Date: \_\_\_\_\_

I certify that the above information is true and correct, and request Grays Harbor PUD to change the name listed on my account as of the date listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Change to account will be made upon return of this form to our office\*\***