



Authorization to Make Changes

Service Address _____ Account # _____

Authorization for Change of Address

I hereby request and authorize the City of Fate to change my mailing address effective _____

Old Address _____
Street City State Zip Code

New Address _____
Street City State Zip Code

Authorization to Add Account Holder

I hereby request and authorize the City of Fate to add _____
to my utility account. **A copy of their driver's license is attached to your records.**

Current account holder _____

Driver's License # _____ Social Security # _____

Phone # _____ **(Information fields are for new account holder's info.)**

- All information must be complete and a copy of both driver's license must be provided to complete request.

Signature Additional Account Holder's Signature Effective Date

Office Use Only
Date: _____ Received by: _____