



NAME CHANGE FOR UTILITY SERVICES
711 MAIN STREET
CITY OF GRAIN VALLEY, MISSOURI
PHONE 816-847-6200•FAX 816-847-6209
WATER/SEWER SERVICES

ACCOUNT# _____

OLD ACCOUNT HOLDER _____
LAST FIRST

NEW ACCOUNT HOLDER _____
LAST FIRST

ADD/DELETE CO-ACCT HOLDER _____
CIRCLE ONE LAST FIRST

PRIMARY SSN# _____ CO-ACCT SSN# _____

DRIVER LIC# _____ DATE OF BIRTH _____

SERVICE ADDRESS _____

BILLING ADDRESS _____
(IF DIFFERENT FROM SERVICE ADDRESS)

HOME PHONE _____ CELL PHONE _____

PROPERTY OWNER (LANDLORD) _____ PHONE# _____

PROPERTY OWNER'S ADDRESS _____

I AGREE THAT I HAVE APPLIED FOR UTILITY SERVICES PROVIDED BY THE CITY OF GRAIN VALLEY, MO, AND THAT I AM RESPONSIBLE FOR ANY AND ALL AMOUNTS BILLED TO ME BY THE CITY OF GRAIN VALLEY, MO. I AGREE IF THE CITY SHOULD HAVE TO FILE SUIT FOR ANY PAST DUE WATER BILLS THAT I WILL BE RESPONSIBLE FOR ALL ATTORNEY FEES, AND COURT COSTS, INCLUDING FILING FEES.

SIGNATURE

DATE