

City of Gautier
Utility Department

"Name Change Only"

Date: _____

Account #: _____

Name on Account: _____

Addresses: _____

City: _____ State: _____ Zip Code: _____

New Name: _____

Social Security #: _____

Place of Employment: _____

Phone #: _____

Customer's Signature: _____ Date: _____

This change is for the following reason (please check one and attach paperwork for changes)

Marriage: _____ Divorce: _____ Deceased: _____

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For Office Use Only

Processed by: _____ Date: _____