



City of Crandall
110 S. Main Street
Crandall, Texas 75114
Tel: 972-427-3771 Fax: 972-472-6601

REQUEST FOR NAME OR MAILING ADDRESS CHANGE

DATE: _____ ACCOUNT #: _____

SERVICE ADDRESS: _____

FILL OUT THE FOLLOWING FOR CHANGE IN MAILING ADDRESS:

CURRENT MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

FILL OUT THE FOLLOWING FOR NAME CHANGE:

CURRENT ACCOUNT HOLDER: _____

(First)

(Middle)

(Last)

NEW ACCOUNT HOLDER: _____

(First)

(Middle)

(Last)

I, _____, agree to release the water utility deposit in the

amount of \$ _____, to the new account holder, _____, on

this day, _____ of _____ 2014.

Signature of Current Account Holder: _____

Approved by City Employee: _____