



# Beatty Water & Sanitation District

REQUEST TO CHANGE NAME ON ACCOUNT

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Name to be Removed (If Any) (PRINT)

\_\_\_\_\_  
Name Change (PRINT)

Name change due to original owner being deceased & documentation can be provided.

Approval by Office Personnel \_\_\_\_\_

Check if information on account stays the same

## Information of Changed Account Name

**\*\*Please attach proof of identity\*\***

\_\_\_\_\_  
ID No.

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone No.

**\*\*\*The name remaining on the account will be the party responsible for payment on this account and to whom deposit refund checks will be issued Signature of Account Holder signifies agreement to abide by all Rules & Regulations of the Beatty Water and Sanitation District. \*\*\***

\_\_\_\_\_  
Signature of Changed Name

\_\_\_\_\_  
Signature of Account Holder

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