

City of Hanford – Change of Personal Information Only

Responsible Party			
Legal Customer Name:		Previous Legal Name:	
Service Address			
Service Address:			
New Billing Address			
Effective Date:	____ / ____ / ____		(Monday-Friday only)
Billing Address:			
City, State, Zip:			DOB: _____
Telephone:		California ID or Military ID:	
Cell Phone:		Social Security # or Tax ID:	

I, the undersigned, declare that the information on this document is true and correct. The City of Hanford is not responsible for incorrect or false information provided by applicant.

Signature:	X	Print Name:
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***Form is not valid and will not be processed unless all fields are completed.**

***Proof is required for name change (I.D., marriage certificate, court documents, etc.)**

FOR OFFICE USE ONLY					
ACCOUNT NO: _____		CITY OF HANFORD UTILITY BILLING 315 N DOUTY ST, HANFORD CA 93230 TEL: 559-585-2510 FAX: 559-582-1152 EMAIL: utilitybilling@hanfordca.gov www.cityofhanfordca.com			
RECEIVED IN OFFICE				COMPLETED	
Date:	_____			Date:	_____
Time:	_____			Time:	_____
Employee:	_____			Employee:	_____