



Authorization to Make Changes

Service Address _____ Account # _____

Authorization for Change of Address

I hereby request and authorize the City of Fate to change my mailing address effective _____

Old Address _____
Street City State Zip Code

New Address _____
Street City State Zip Code

Authorization to Add Account Holder

I hereby request and authorize the City of Fate to add _____

to my utility account. **A copy of their driver's license is attached to your records.**

Current account holder _____

Driver's License # _____ Social Security # _____

Phone # _____ (Information fields are for new account holder's info.)

Confidential Request Form

I hereby do request that the utility record information as authorized by H.B. 859 be kept confidential and that such information be only disclosed to those persons or entities authorized to receive such information by the statute.

Applicant Signature: _____

I hereby do request to remove the confidentiality status on my utility account.

Applicant Signature: _____

- All information must be complete and a copy of both driver's license must be provided to complete request.

Signature Additional Account Holder's Signature Effective Date

Office Use Only	
Date: _____	Received by: _____