

**City of Denham Springs
UTILITY BILLING DEPARTMENT**

941 Government Drive
POB 1629
Denham Springs, LA 70726
225 667-8330

Denham Springs, LA 70727-1629
utilities@cityofdenhamsprings.com

NOTICE OF CUSTOMER NAME/ADDRESS CHANGE

-For Utilities Department and Other Financial Records -

Check: Name Change () Address Change ()

CUSTOMER NAME CHANGE:

CURRENT Account Name _____

Account Number(s) _____

Account Number(s) _____

Reason: Marriage () Divorce () Widowed () Legal Name Change/Court Ordered ()

Other () Explain _____

Proof Provided: Marriage Certificate () Divorce Judgment () Court Document ()

Document Number / Info _____

NEW Account Name _____

New Account Number Assigned (if applicable) _____

CUSTOMER ADDRESS CHANGE:

CURRENT Address _____

City _____ State _____ Zip _____

NEW Address _____

City _____ State _____ Zip _____

PHONE NUMBERS:

Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

Relationship _____

I authorize the change of name and/or address as noted above: Date _____

Signature _____

Print Name _____