



Athens-Clarke County Public Utilities Department
Water Business Office
Name Change / Account Update Request

Requester Type (select one)

- ☐ Account Owner / Account Holder ☐ Authorized Agent / Property Manager

Account Information

Account Number:

Service Address:

Current Account Holder Information

Current Name on Account:

Phone Number:

Email Address:

Requested Update

New Name to Appear on Account:

- ☐ Legal name change ☐ Marriage ☐ Divorce
☐ Estate / Deceased account holder ☐ Business name change
☐ Correction of spelling error ☐ Other: _____

Updated Contact Information (if applicable)

Phone Number:

Email Address:

Mailing Address:

Required Documentation (attach)

- ☐ Government-issued photo ID
☐ Legal documentation (court order, marriage certificate, business filing)
☐ Death certificate or estate documentation (if applicable)
☐ Authorized Agent Form (if applicable)

Acknowledgements

- ☐ I understand this request does not transfer service or remove responsibility for existing charges.
☐ I certify that I am authorized to request this update and that the information provided is accurate.

Signature:

Date: