



**City of Celina**  
**Utilities Change of Name Request**  
**In person only (I.D Required)**

Effective Date: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Number/ Address: **(REQUIRED)** \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Please change name on the account:**

**From:** \_\_\_\_\_  
**(Please Print)**

**To:** \_\_\_\_\_  
**(Please Print)**

- ( ) **If due to divorce:** A copy of the divorce decree must accompany this signed form.
- ( ) **If due to marriage:** A copy of the marriage license must accompany this signed form.
- ( ) **If due to death:** A copy of the death certificate must accompany this signed form.
- ( ) **Legal Name Change:** A copy of the court document showing name change must accompany this signed form.

***In order to process your request, the following is required:***

- (1) Copy of Current Driver's license/I.D.;***
- (2) Completed form with required documents listed above.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_