



UTILITY ACCOUNT NAME CHANGE REQUEST

City of Oak Ridge North
27424 Robinson Road
Oak Ridge North, Texas 77385

Tel: (281) 367-1189
Fax: (281) 367-7729
jowen@oakridgenorth.com

PLEASE PRINT

CURRENT INFORMATION

Account No.: _____

Account Name: _____

Mailing Address 1: _____

Mailing Address 2: _____

City, State, Zip: _____

Person Requesting Change: _____

Reason for Request: _____

REQUESTED MAILING ADDRESS CHANGE

New Account Name: _____

Mailing Address 1: _____

Mailing Address 2: _____

City, State, Zip: _____

Telephone: _____

A resident may request that their address and telephone number be kept confidential. If a resident makes such a request of confidentiality, the City shall keep the address and telephone number confidential unless required or mandated by law.

YES – Request for confidentiality.

NO – Do not request confidentiality.

Customer Signature

Date