

RIVERSIDE SPECIAL UTILITY DISTRICT

Change of Name Form

Name on Account: _____

Reason for name change: _____

Account number: _____

Name to be removed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name to be added: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Account Holder Signature: _____

Date: _____

New Account Holder Signature: _____

Date: _____