

RIVERSIDE SPECIAL UTILITY DISTRICT

Change of Name

Address Change

Name on Account: _____

Reason for change: _____

Account number: _____

Name to be removed if any: _____

(Old) Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name to be added: _____

(New) Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Account Holder Signature: _____

Date: _____

New Account Holder Signature: _____

Date: _____