



# CHANGE FORM FOR UTILITY ACCOUNTS

City of North Sioux City  
504 River Drive, North Sioux City, SD 57049  
Phone (605) 232-4276 Fax (605) 232-0506

REQUESTOR (PLEASE PRINT CLEARLY): \_\_\_\_\_

NAME(S) ON THE ACCOUNT: \_\_\_\_\_  
(List All Names)

\_\_\_\_\_  
(Company)

SERVICE ADDRESS: \_\_\_\_\_

**I WOULD LIKE TO:**

UPDATE MY BILLING ADDRESS TO: \_\_\_\_\_

UPDATE MY PHONE NUMBER(S) TO: \_\_\_\_\_  
(Home) (Cell #1) (Cell #2)

UPDATE WHO CAN HAVE ACCESS TO MY ACCOUNT INFORMATION: \_\_\_\_\_  
(Print Clearly)

CHANGE MY NAME TO: \_\_\_\_\_  
(First) (Middle) (Last)

**List any comments or information regarding the change(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**If we have any questions, what number can we reach you at?**

HOME ( ) - WORK ( ) - CELL ( ) -

**FOR INTERNAL USE ONLY**

RECEIVED BY \_\_\_\_\_

Date Stamp

ACTION TAKEN BY \_\_\_\_\_ DATE \_\_\_\_\_