



TOWN OF BARGERSVILLE
 P.O. Box 420 • Bargersville, IN 46106
 Phone: 317-422-5115 • FAX: 317-422-1134
www.townofbargersville.org

POWER & LIGHT • WATER WORKS • SANITATION DEPARTMENT • STORM WATER

NAME / ADDRESS CHANGE REQUEST

ALL INFORMATION MUST BE COMPLETED

Date: _____

Please print or type the following information:

Current name(s) on the utility bill:

Applicant Name: _____

Co-Applicant Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Information to be changed to:

Applicant Name: _____

Date of Birth: _____

S.S. #: _____

Home/Cell Phone: _____

Drivers Lic. #: _____

Employer: _____

Work Phone: _____

Co-Applicant Name: _____

Date of Birth: _____

S.S. #: _____

Home/Cell Phone: _____

Drivers Lic. #: _____

Employer: _____

Work Phone: _____

Number of occupants living in the household: _____

Reason for change:

Death

Divorce

Remarriage

Marriage

Other

Effective Date: _____

If Utility Bill is to be mailed to another address, please provide below:

By signing below, I verify that the above information is correct to the best of my knowledge and agree that, if I am a customer of Greenwood Sanitation, this application and/or information contained herein may be shared with the City of Greenwood:

 Applicant Signature Date

 Co-Applicant Signature Date

OFFICE USE ONLY

Account Number: _____

Received by: _____

(Bargersville Representative Signature)

Date