



### Request of a Name Change

1000 City Center Circle Port Orange, FL 32129

(386)506-5720 Fax: (386) 756-5226

[customerservice@port-orange.org](mailto:customerservice@port-orange.org)

Utility Account Number: \_\_\_\_\_ - \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Account Name: \_\_\_\_\_

**New Name:** \_\_\_\_\_

New Driver's License #: \_\_\_\_\_

Reason for the change: \_\_\_\_\_

Please attach the following required paperwork to process the change:

- New Driver's License or State I.D.
- Marriage Certificate
- Divorcee Decree
- Death Certificate

I guarantee and warrant that I am the legal utility account holder and that the information and paperwork submitted is legally valid and current. I hereby authorize the City of Port Orange to modify my account information to reflect the submitted changes.

**Customer Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**FOR OFFICE USE:** HOW WAS FORM RECEIVED: In Office - Drive Thru – Drobox - Mail - Fax - E-Mail

- Update Information
- Note Account