

City of Hanford – Change of Personal Information Only

Responsible Party		
Legal Customer Name:		Previous Legal Name:
Service Address		
Service Address:		
New Billing Address		
Effective Date:	/	(Monday-Friday only)
Billing Address:		
City, State, Zip:		DOB:
Telephone:		California ID or Military ID:
Cell Phone:		Social Security # or Tax ID:

I, the undersigned, declare that the information on this document is true and correct. The City of Hanford is not responsible for incorrect or false information provided by applicant.

Signature:	X	Print Name:
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***Form is not valid and will not be processed unless all fields are completed.**

***Proof is required for name change (I.D., marriage certificate, court documents, etc.)**

FOR OFFICE USE ONLY			
ACCOUNT NO:			
RECEIVED IN OFFICE		COMPLETED	
Date:		Date:	
Time:		Time:	
Employee:		Employee:	

CITY OF HANFORD
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