



Change of Information Request

CITY OF DALWORTHINGTON GARDENS

2600 Roosevelt  
TEL. 817-274-7368 FAX 817-265-4401  
[www.cityofdwg.net](http://www.cityofdwg.net)

Date of Application: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Account #: \_\_\_\_\_

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

Current Name on Account: \_\_\_\_\_  
**(Must enclose copy of driver's license)**

Adding Name to Account: \_\_\_\_\_  
**(Must enclose copy of new person's driver's license)**

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

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

New Home Phone #: \_\_\_\_\_

New Cell Phone #: \_\_\_\_\_

New Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

New Customer Signature: \_\_\_\_\_  
**(If adding new name to account)**

**\*\* If you mail or fax this form, It is your responsibility to verify that we received it. \*\***

Office Use Only

City Clerk: \_\_\_\_\_ Date Received: \_\_\_\_\_

Entered By: \_\_\_\_\_ On: \_\_\_\_\_

Revised (2/2012)