



# Texas Water Utilities

## NAME CHANGE REQUEST FORM

**Return to:**

**Fax:**

**Email:**

**U.S. Mail:**

(346) 309-3376

[txcustomercare@swwc.com](mailto:txcustomercare@swwc.com)

2150 Town Square Place, Ste. 400.  
Sugar Land, TX 77479

(PLEASE PRINT)

Effective Date: \_\_\_\_\_ District Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Please check one of the following below:

\_\_\_\_ Add Name

\_\_\_\_ Change Name

\_\_\_\_ Remove Name

Requirements:

- A COPY OF THE DRIVER'S LICENSE FOR **ALL REQUESTS (for all parties)**
- A COPY OF THE MARRIAGE CERTIFICATE (if applicable)
- A COPY OF THE DEATH CERTIFICATE (if applicable)
- A COPY OF LEGAL DOCUMENTS FOR FORMAL NAME CHANGE (if applicable)

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

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

Name(s) Currently on Acct: \_\_\_\_\_

Signature of Person(s) Currently on Acct: \_\_\_\_\_

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Added Customer's Name: \_\_\_\_\_ Last 4 digit (Ph#, DL or Fed ID) \_\_\_\_\_

Added Customer's Phone Number: \_\_\_\_\_

Added Customer's Signature: \_\_\_\_\_

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Changed Customer's Previous Name: \_\_\_\_\_ New Name: \_\_\_\_\_

Changed Customer's Phone Number: \_\_\_\_\_

Changed Customer's Signature: \_\_\_\_\_ Last 4 digit (Ph#, DL or Fed ID) \_\_\_\_\_

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Removed Customer's Name: \_\_\_\_\_

Removed Customer's Phone Number: \_\_\_\_\_

Removed Customer's Signature: \_\_\_\_\_

**PLEASE NOTE: THE DEPOSIT FOR THIS ACCOUNT WILL BE RETURNED TO THE CUSTOMER(S) LISTED ON THE ACCOUNT AT THE TIME THE DEPOSIT IS RELEASED.**