



WATER DEPARTMENT NAME CHANGE FORM

TODAY'S DATE: _____ ACCOUNT #: _____

SERVICE ADDRESS: _____

OWNER'S NAME: _____

REQUESTED NAME CHANGE: _____

REASON FOR CHANGE: _____

EMAIL ADDRESS: _____

PAPERLESS BILLING: _____ YES _____ NO

SIGNATURE

Please call (734) 942-7560 with any questions

Forms can be emailed to waterbilling@romulusgov.com or faxed to (734) 941-3296

FOR OFFICE USE ONLY

TENANT RELEASE FORM: _____ YES _____ NO

DATE CHANGED: _____

CHANGED BY: _____