



COVINGTON PUBLIC WORKS/UTILITIES

NAME CHANGE APPLICATION

Name on Account: _____ Acct#: _____

New Name on Account: _____

Service Address: _____

Social Security#: _____ Delete Social Security#: _____

Date of Birth: _____ New Phone #: _____

Signature: _____

Date: _____

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DEPOSIT SIGN OVER FORM

I, _____, hereby sign over my existing Utility Deposits to
_____ that are on file for the following address:

_____. The amount of the existing Utility

Deposits are as follows: Water: _____, Sewer: _____, Gas: _____,

Sanitation: _____ Total: _____ . Account #: _____,

Phone #: _____.

Signature: _____

Last four digits of your Social Security Number: _____

Date: _____