



City of Union, Missouri

10 E. LOCUST ST.
UNION, MO 63084
636-583-3600 FAX 636-583-4091
utilityclerk@unionmissouri.gov

NAME CHANGE REQUEST FORM

Date: _____

Account Number: _____

Current Account Name: _____

Service Address: _____

Phone #: _____ Email Address: _____

I would like to change the name on my current water/sewer/trash account. Change name to my account:

Last 4 of Social Security # _____

Phone # _____ Email Address: _____

I would like to add a co-occupant to my current water/sewer/trash account. Name to be added to my account: _____

Co-Account Last 4 of Social Security #: _____

Co-Account Phone #: _____

I authorize the City of Union to make the changes on my account. I accept responsibility for all amounts billed to me by the City of Union, MO

SIGNATURE