# Changes to Existing Account

CITY HALL
7018 PINE ST • PO BOX 9 HUGHSON, CA 95326
Phone 209.883.4054 • Fax 209.883.2638
schavarin@hughson.org

Effective Date: _____

Name(s) on account: _____

Person making changes: _____
*(to remove, add a name, or make changes requires the account holder to authorize)*

**Changed in person?** ☐ Yes ☐ No **Changed via Email?** ☐ Yes ☐ No

E-mail sent from: _____

Account # _____ Address: _____

## CHANGES TO BE MADE:

☐ Change of mailing address: New: _____

_____

☐ Change Phone #: _____ home/cell

☐ Remove name from account: _____

☐ Add name to account: _____

SS#: _____ CDL# _____

Phone #: _____ home/cell

☐ Add / Remove Trash Service: _____
*(Trash Service added must be kept for a year minimum/ Trash Service removed must be longer than 3 months.)*

**Account Holder Signature:** _____ **Date:** _____

**New Applicant Signature:** _____ **Date:** _____

## * Office Use*

**Adjustment Billing needed? Yes / No** **Parcel:** _____