



Work Order Number _____

UTILITY ACCOUNT CHANGE FORM

For your safety and to insure that no one can alter your account, please complete the form and return it to the Utility Billing Department in person, by fax, or by e-mail.

Location: 3815B Sachse Rd., Sachse, TX 75048

Fax: 972-495-9356

Email: vlopez@cityofsachse.com or cspencer@cityofsachse.com

Please check one of the following:

Copy of DL is required from both persons if adding/removing/changing a name on the account

- Final Account (Moving)
- Change Mailing Address
- Change Phone Number
- Change Name on Account
- Add Name to Account
- Remove Name from Account

Account #:	Date to Process:
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Current Information

Name on Account:	
Address:	
Home Phone:	Work Phone:
Cell Phone:	Email:

New Information-Please fill out with forwarding address, if moving.

Only fill out information that needs to be changed

Name on Account:	
Forwarding/New Address:	
Home Phone:	Work Phone:
Cell Phone:	Email:
Would you like your final bill to be sent via e-mail?	

Comments:

Signature of Applicant(s): _____ **Date:** _____

All final accounts require a 24hr notice for disconnection