

**City of Hastings**  
COUNTY OF BARRY, STATE OF MICHIGAN

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***Request to Change Name or Mailing Address for Utility Billing***

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Current Name as it Appears on Utility Account: \_\_\_\_\_

Current Mailing Address as it Appears on Utility Account:  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Name Change:**

Requested Name Change: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

**Mailing Address Change:**

Requested Address Change:  
\_\_\_\_\_  
\_\_\_\_\_

**Certification:**

I certify that all information contained in this form is true and complete.

**Print Name of Authorized Signer:** \_\_\_\_\_  
\_\_\_\_\_

**Customer Signature:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Picture Identification Required:**

Type of ID: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_