



DEPARTMENT OF ENVIRONMENTAL SERVICES

Utilities Services Office

2100 Clarendon Blvd., #705 Arlington, VA 22201

TEL 703.228.6570 FAX 703.228.6493 TTY 703.228.4611 www.arlingtonva.us

NAME CHANGE FORM

This letter serves as written notification that I have given Arlington County Utilities Services Office permission to make a name change to the utilities account. I have been informed that this is a name change only. I will be held responsible for any outstanding amount due for this account. Written notification will be sent to the owner of this property, informing him/her of all changes to said account.

From: _____

To: _____

Service Address: _____

Account Number: _____

Telephone Number: _____

Alternate Telephone Number: _____

Social Security Number: _____

Owner of Property: _____

Owner's Current Mailing Address: _____

Owner's Current Telephone Number: _____

Signature: _____ Date: _____