



Utility Operations Division
Customer Service
316 Breard Street
Monroe, LA 71201
Ph (318) 329-2220 Fax (318) 329-3358 e-mail:
customer.service@ci.monroe.la.us website:
www.monroela.us

CHANGE OF INFORMATION FORM

Date: _____

Account # _____

Current Information on Account:

Customer Name: _____

First

MI

Last

OR

Service Address: _____

Change the Following Information on the Above Account:

Customer Name: _____

First

MI

Last

Mailing Address: _____ City: _____ State: **

Zip Code: _____

- Reason for Change of Name:
- Divorce – Copy of Divorce Decree
 - Marriage – Copy of Marriage Certificate
 - Death – Copy of Death Certificate
 - Legal Name Change – Copy of Court Decree
 - New Management Company
 - Other - _____

The person signing this form must be the same as the name appearing on the Customer Name line unless this is a commercial account. Also, this person is responsible for payment of this account or authorized representative.

Signature: _____

Title (if Commercial Account): _____ DL# _____

Phone you can be reached: _____

Email Address: _____