



REQUEST FOR NAME CHANGE FORM

(Due to divorce, death of spouse, legal name change, adding someone to the account, etc.)

DATE: _____

CURRENT NAME ON ACCOUNT: _____

ADDRESS OF PROPERTY:

PHONE #: _____

EMAIL ADDRESS: _____

ACCOUNT # _____

CHANGE ACCOUNT NAME TO: _____

REASON FOR NAME CHANGE: _____

An updated copy of a driver's license must be provided. It along with this form can be mailed to the address below, dropped off at City Hall or emailed to shwater@springhilltn.org.

I/We assume water services with the Spring Hill Water Department in accordance with the terms and conditions appearing below and provided by the City and I/we acknowledge having received and read same. If signed by someone other than the applicant, it is understood that party(s) signing shall be jointly and severally liable, as are customer and spouse, for any charges/expenses payable to Spring Hill Water Department. Driver's license numbers are needed for collection purposes only. Customer information will not be shared with unauthorized parties.

I/We hereby acknowledge that failure to receive my bill does not waive late charges or exempt me from being disconnected. I provide permission for my telephone number(s) to be used for contact regarding past-due amounts. Past due accounts may be turned over to a collection agency and accounts turned over to collection will be assessed additional charges. Please call if the bill has not been received by the end of the first week of the month.

SIGNATURE: _____

199 Town Center Parkway
P.O. Box 789
Spring Hill TN 37174

Phone: 931-486-2252
Fax: 931-486-0516
www.springhilltn.org

7/21/2021