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: _____