



FINANCE DEPARTMENT

1420 Miner Street
Des Plaines, IL 60016
P: 847.391.5300
desplainesil.gov

REQUEST FOR NAME CHANGE FOR WATER BILLING

Please fill out this form if you wish to change the name on your utility billing account. If your request is for a final bill, please fill out the "Request for Final Bill" form. If your request is to establish a new account, please fill out the "New Resident Request" form.

Please Print

Account Number: _____

Requestor Name: _____ **Owner** **Tenant**

Phone Number: _____

Service Address: _____

Current Name on Account: _____

Change Name to: _____

Reason for Request: _____

Signature of Requestor: _____ **Date:** _____

*Submit this form via E-mail, US Mail, or Fax to:
City of Des Plaines, Utility Billing, 1420 Miner Street, Des Plaines, IL 60016
E-mail: utilitybilling@desplainesil.gov Fax: 847.391.5402*

Office Use Only

Date: _____ **Initial:** _____