



CHANGE OF NAME REQUEST FORM

By signing and dating this form, I am requesting that West Knox Utility District (WKUD) change the name on my active water and/or sewer billing
From:

To:

Due to: _____.

An updated copy of your driver's license is required as well as a marriage certificate or divorce decree, and this form must be provided. Please make this change effective immediately.

Print Name

Signature

Date