



**Applicant's Information**

---

\*Account Number: \_\_\_\_\_

\*Former Name: \_\_\_\_\_

\*Property Address: \_\_\_\_\_

\*New Name: \_\_\_\_\_

\*Home Phone Number: \_\_\_\_\_

Work / Cell Phone Number \_\_\_\_\_

\* I/we request to have the name changed effective \_\_\_\_\_ on the above noted property.

\*Date: \_\_\_\_\_

\*Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return form to the Utilities Department at the Town of Rocky Mountain House:

Box 1509  
Rocky Mtn House, AB  
T4T 1B2

Or fax to: 403-845-3230