

**Jackson County PWSD #12  
304 N Ranson Rd  
Greenwood, MO 64034  
816-537-6856**

**Information Change Request**

**Current Information**

Account No. \_\_\_\_\_

Account Holder: \_\_\_\_\_  
(Print)

Service Address: \_\_\_\_\_  
(City) (State) (Zip)

**Name Changes**

\_\_\_\_\_ **Update Name** \_\_\_\_\_ **Remove Name** \_\_\_\_\_

\_\_\_\_\_ **Add Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**Readable copy of current Driver's License/ID**

By removing my name from the above water service account, I acknowledge that any deposit I provided will transfer to the new account owner. \_\_\_\_\_

**Contact Information Changes**

Mailing Address:

From: \_\_\_\_\_  
(City) (State) (Zip)

To: \_\_\_\_\_  
(City) (State) (Zip)

**Phone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_

Account Holder SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Emp. Initials: \_\_\_\_\_ Date: \_\_\_\_\_