

**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: _____