

**City of Hubbard**  
**UTILITY BILLING OFFICE**  
**Customer Request Form**

NAME \_\_\_\_\_ Acct # \_\_\_\_\_

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ADDRESS CHANGE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

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**NAME CHANGE ONLY REQUEST:**

Customer Name \_\_\_\_\_

Reason for Request \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

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**CUSTOMER REQUEST FOR DISCONNECT OF SERVICE:**

Reason \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Customer Signature \_\_\_\_\_ Date \_\_\_\_\_