



# Utilities Change of Name Request

Effective Date: 3/1/08

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Name on Account: \_\_\_\_\_

CCU Account Number: \_\_\_\_\_  
(REQUIRED)

Daytime Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please change name on the account from: \_\_\_\_\_  
(Please Print)

to: \_\_\_\_\_  
(Please Print)

***In order to process your request, we require the following:***

- ( ) **If due to divorce:** A copy of the divorce decree must accompany this signed form.
- ( ) **If due to marriage:** A copy of the marriage license must accompany this signed form.
- ( ) **If due to death:** A copy of the death certificate must accompany this signed form.
- ( ) **Legal Name Change:** A copy of the court document showing name change must accompany this signed form.

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

Please mail, e-mail or fax your request to:

**Charlotte County Utilities**  
ATTN: Customer Account Specialists  
P.O. Box 516000  
Punta Gorda, FL 33951-6000  
Fax: 941.764.4557  
CCUSupport@CharlotteFl.com