

# Water Billing Designate Name Change Request Form

*If reason for change is due to a tenant moving in/out, do not use this form.*

<b>Date:</b>	
<b>Utility Account Number:</b>	
<b>Current Name(s) on Account:</b>	
<b>Daytime Telephone Number:</b>	
<b>Service Address of Property:</b>	

**Names to be Changed, Added, or Removed:**

NAME	ACTION REQUIRED
	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove Reason:
	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove Reason:
	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove Reason:
	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove Reason:

**I/We accept full responsibility for payment of all charges associated with water and wastewater services supplied to the above property.**

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

For assistance, or further information  
 please call 519-376-4440 Ext 1243 or  
 email [waterbilling@owensound.ca](mailto:waterbilling@owensound.ca)

