



DEPARTMENT OF ENVIRONMENTAL SERVICES

Utilities Services Office

2100 Clarendon Blvd., #705 Arlington, VA 22201

TEL 703.228.6570 FAX 703.228.6493 TTY 703.228.4611 www.arlingtonva.us

## NAME CHANGE REQUEST

**Instructions: You may request a name change to an existing account only under certain conditions.**

- **The account is not registered for the automatic bank debit program through CAPP.\***
- **You assume liability for any unbilled or unpaid charges on the account.**
- **You provide the property owner information as instructed below.**

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

Requested Name Change to: \_\_\_\_\_

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternate Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Owner's Current Mailing Address: \_\_\_\_\_

Owner's Current Telephone Number: \_\_\_\_\_

**This letter serves as written notification that I have given Arlington County permission to make a name change to the existing utilities account and the account number will remain the same. I have been informed that this is a name change only. I will be held responsible for any outstanding amount yet to be billed or due for this account. Written notification will be sent to the owner of this property, informing him/her of all changes to said account.**

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

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

*The County will review this request for approval. If the account does not meet our requirements, we will finalize the current account and set up a new account in your name. If a new account is set up, a \$25 new account fee will be on the first bill.*

Please email to [descallcenter@arlingtonva.us](mailto:descallcenter@arlingtonva.us), or send to the address or fax number above.

\*Customer Assessment and Payment Portal managed by the Treasurer's Office.