



DEPARTMENT OF ENVIRONMENTAL SERVICES

Customer Services Office

2020 N 14th St. Arlington, VA 22201

TEL 703.228.5000 FAX 703.228.7893 www.water.arlingtonva.us

NAME CHANGE REQUEST

- **By submitting this form you are assuming liability for any unbilled or unpaid charges on this account.**
- **Property owners information is required to complete this request.**
- **Email the completed form to *descontactcenter@arlingtonva.us*, or send to the address or fax number above.**
- **If a new account is required a \$25 new account fee will be on the first bill.**
- **If the subject account was registered for the automatic bank debit program through Treasury (703-228-3702/ *CAPP@Arlingtonva.us*), they must be contacted to stop utility payments.**

Current Name on Account: _____

Requested Name Change to: _____

Service Address: _____

Account Number: _____

Telephone Number: _____

Alternate Telephone Number: _____

Customer Email Address: _____

Owner of Property: _____

Owner's Current Mailing Address: _____

Owner's Current Telephone Number: _____

Owner's Email: _____

By signing this form, I acknowledge that I have given Arlington County permission to make a name change to the account service the address above and the account number will remain the same. 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 these changes.

Signature: _____

Date: _____