

City of Yukon
Utility Billing Department
PO Box 850500 ♦ 500 W Main ♦ Yukon, OK 73085
405-354-1895 ♦ Fax 405-350-8909 ♦ customerservice@cityofyukonok.gov

NAME CHANGE REQUEST

*Two forms of identification are required; at least one must be a photo I.D.
You must include applicable legal documents, such as marriage license, death certificate, etc.*

Name on Account _____

Service Address _____

Billing Address, if different _____

I hereby request that the name on my account be changed to:

Legal Name(First) _____ (M.I.) _____ (Last) _____

The reason for my request is: _____

Home Phone _____ Work _____ Cell _____

SS # _____ DL # _____ State _____

Your Birth Date _____ Spouse/Roommate/Significant Other Birth Date _____

Spouse/Roommate/Significant Other Legal Name _____

Their Work Phone _____ Their Cell Phone _____

Their SS# _____ Their DL# _____ State _____

I certify that I am the above named individual and my name change request reflects my current legal name.

Signature

Date

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*If you cannot submit this form in person, we require that this form be notarized and submitted with very clear, legible copies of two forms of identification, one of which must be a photo I.D. and related legal documents. We will not change your name until all documents are received and are legible.*

NOTARY STAMP OR SEAL:

\_\_\_\_\_  
Notary Public

County of \_\_\_\_\_ State of \_\_\_\_\_

Signed before me this \_\_\_\_\_ date of \_\_\_\_\_

My commission expires \_\_\_\_\_