



CITY OF KYLE-UTILITY BILLING DEPT.
100 W. CENTER STREET / P.O. BOX 40
KYLE, TX 78640
PHONE: (512) 262-3960
FAX: (512) 262-3965

NAME/ADDRESS CHANGE

Effective Date _____

Driver's License # _____

Account # _____

NAME CHANGE

Current Name on the Account _____

New Name on the Account _____

ADDRESS CHANGE

Current Mailing/Billing Address (Street#, Street Name, Apt#, City, State, Zip) _____

New Mailing/Billing Address (Street#, Street Name, Apt#, City, State, Zip) _____

**Any updated information (name/address) requires a form of identification to be submitted with the request. Acceptable forms of ID include: a valid driver's license, a marriage certificate or a divorce decree.*

Customer Signature _____

FOR OFFICE USE ONLY:

EMPLOYEE INITIALS: _____

DATE: _____



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