



Change of Information Request

CITY OF DALWORTHINGTON GARDENS

2600 Roosevelt
TEL. 817-274-7368 FAX 817-265-4401
www.cityofdwwg.net

Date of Application: _____

Date Wanting Change to Go Into Effect: _____

Account #: _____

Service Address: _____

Current Name on Account: _____

(Must enclose copy of driver's license)

Changing Name on Account To: _____

(If the same as above then leave blank)

Current Mailing Address: _____

New Mailing Address: _____

New Home Phone #: _____

New Cell Phone #: _____

New Alternate Phone #: _____

Email Address: _____

**** If you mail or fax this form, It is your responsibility to verify that we received it.****

Office Use Only

City Clerk: _____ Date Received: _____

Entered By: _____ On: _____