



## Town of Wickenburg Utility Co-applicant Change Form

**To add or remove someone from your account all fields below must be completed.**

**Applicant:** I \_\_\_\_\_ would like to add/remove  
\_\_\_\_\_ to/from my utility account # \_\_\_\_\_  
located at \_\_\_\_\_.

- If adding a co-applicant I understand that we are jointly responsible for all charges related to this account and that they can make changes and receive any information regarding this account.
- If removing co-applicants name I understand that I become solely responsible for all charges related to this account and that they no longer can make changes or have access to any information regarding this account. I also understand that any deposits paid on this account will remain on the account.

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

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**Co-Applicant:** I \_\_\_\_\_ would like my name added/removed  
to/from the above listed utility account.

- If adding my name I understand that I am now jointly responsible for all charges related to this account and that I can make changes and receive information regarding this account.
- If my name is being removed I understand that I am still responsible for existing charges on this account as of the date below, but not for any new charges incurred after this date; that I will no longer be able to make any changes or receive any information on this account; and that I will not be entitled to any refund or deposits on this account both of which will belong to only the remaining account applicant.

**If adding a co-applicant the following information is required for the co-applicant:**

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

**If removing a co-applicant the following information is required for the applicant being removed.**

Mailing Address: \_\_\_\_\_  
Cell/Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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