



Finance and Budget Department
11465 W. Civic Circle Dr.
Suite 260
Avondale, AZ 85323
Phone: (623) 333-2005
Fax: (623) 333-0201
Website: www.avondale.org

REQUEST TO **ADD** NAME/RESPONSIBLE PARTY

Please PRINT (with exception of Signatures)

DATE: _____

NAME ON ACCOUNT: _____

ACCOUNT #: _____

SERVICE ADDRESS: _____

PHONE NUMBER: _____

NAME TO **ADD**: _____

By signing below, I, the accountholder of record and responsible party, do authorize the City of Avondale to add the second name listed above to this utility account.

Account holder's Signature

Date

AZ D/L* _____ EXP ____/____/____ DOB ____/____/____

Last 4 digits of SSN: ____ _

By signing below, I, the person listed above in the "**Name to Add**" field, do authorize the City of Avondale to add my name as an accountholder and responsible party for this utility account.

Signature of Person to **Add**

Date

AZ D/L* _____ EXP ____/____/____ DOB ____/____/____

**Other State or Federally Issued ID may substitute for Driver's License*

Last 4 digits of SSN: ____ _

Completed _____