



CHANGE OF PROFILE INFORMATION FORM

REQUEST METHOD

☐ Phone-In Request ☐ Mail-In Request ☐ In-Person Request ☐ Email / Online Request

UTILITY ACCOUNT INFORMATION

Date: Account Number:
Account Holder Name:
Property / Service Address:

INFORMATION	CURRENT	NEW
Mailing address	Street City State ZIP	Street City State ZIP
Authorized contact	Name Relationship Phone/Email 	Name Relationship Phone/Email
Email address		
Phone number		

CHANGE AUTHORIZED BY

Name: Relationship to Account: Contact Phone Number:

FOR CITY OF MINDEN USE ONLY

Processed By (Initials): Date Processed:

Method of Verification:

☐ ID ☐ Last 4 of social ☐ Written Authorization ☐ Other:

You must scan this document to the customer's account upon completion.