

City of Hawkinsville
96 Broad Street
Hawkinsville, GA 31036
478-892-3240

CHANGE OF RESPONSIBILITY FORM

This application must be completed when the person listed on the account is deceased or account responsibility has been turned over to another family member.

Phone: (478) 892-3240
Fax: (478) 783-1699
In Person: 96 Broad Street; Hawkinsville, GA 31036
By Mail: City of Hawkinsville
P.O. Box 120
Hawkinsville, GA 31036

Service Location Information

Customer Name to change from: _____

Account Number: _____

Service Address: _____

Mailing Address for bill to go to: _____

Responsible Party

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I _____, give the City of Hawkinsville my permission to change the responsibility on above mentioned utility account and send any future bills to above address.

Signature of Customer

Date

FOR OFFICE USE ONLY:

Received by

Date

FOR BILLING OFFICE USE ONLY:

Date Changed in System

Initials of Billing Clerk