



City of Hawkinsville
56 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. **Subject to applicable fees and deposits.**

Phone: (478) 892-3240

Fax: (478) 783-1699

In Person: 56 Broad Street; Hawkinsville, GA 31036

By Mail: City of Hawkinsville

P.O. Box 120

Hawkinsville, GA 31036

Service Location Information

Current Customer Name: _____

Account Number: _____

Service Address: _____

Responsible Party

New Customer Name: _____

SSN _____ DOB _____

Mailing 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