

**TOWN OF GORDONSVILLE**

112 S. Main St., Gordonsville, VA 22942  
Phone: (540) 832-2233 Fax: (540) 832-2449  
www.townofgordonsville.org



Account # \_\_\_\_\_

### Name or Address Change Request

<b>Date of Request:</b> ___/___/___	<b>Applicant Name:</b>
<b>Property Address:</b>	
<b>Current Mailing Address:</b>	
<b>Change Name to:</b>	<b>Supporting Documentation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Name to add to account:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Affected Accounts:</b> (Check all that apply)	<input type="checkbox"/> Utility Bill

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**---OFFICE USE ONLY---**

**DATE REQUEST RECEIVED**    \_\_\_/\_\_\_/\_\_\_

**RECEIVED BY** \_\_\_\_\_

**DATE ENTERED**    \_\_\_/\_\_\_/\_\_\_

**ENTERED BY** \_\_\_\_\_