



CITY OF SULLIVAN, MISSOURI
COUNTY OF FRANKLIN / CRAWFORD
AFFIDAVIT
UTILITY ACCOUNT NAME CHANGE

This affidavit hereby acknowledges, I _____
(name)

(address)

hereby authorize that my current utility account be changed as follows:

CIRCLE ONE:

- 1. Name Added
- 2. Name Removed
- 3. Name Change

Name _____

We, the undersigned, fully understand that the fiscal responsibility that follows this name change.

(Signature)

(Signature)

(Printed Name)

(Printed Name)



I, Judy McPherson, City Collector of the City of Sullivan, Missouri hereby certify that the original of the above affidavit is on file in my office on this ____ day of _____, 20____.

Judy McPherson, City Collector