

**Village of Lodgepole**  
**Utility Account Change Name Request**  
[lodgepoleoffice@gmail.com](mailto:lodgepoleoffice@gmail.com) • (308) 483-5353 • lodgepolene.com

Minimum 48-hour notice required

Date \_\_\_\_\_

Current account name \_\_\_\_\_

Current account number \_\_\_\_\_

Service address \_\_\_\_\_

Change account name to \_\_\_\_\_

Reason for name change \_\_\_\_\_

Phone number of account holder \_\_\_\_\_

Requested by name \_\_\_\_\_

Requested by signature \_\_\_\_\_

.....  
Date name change performed \_\_\_\_\_

Clerk signature \_\_\_\_\_