



# NAME/ADDRESS CHANGE FORM

Wastewater Operator ID: \_\_\_\_\_ Drinking Water Operator ID: \_\_\_\_\_

Name on Certification Card: \_\_\_\_\_  
*First* *MI* *Last*

## NAME CHANGE INFO:

New Name (if applicable): \_\_\_\_\_  
*First* *MI* *Last*

Reason for Name Change:      Marriage      Divorce      Other

My name was legally changed on (date) \_\_\_\_\_ and I, therefore, request that my operator certificate(s) and wallet card be reissued accordingly. **Note: If your name has been changed for reasons other than marital status include a copy of the legal document showing the name change.**

## NEW CONTACT INFO:

Mailing Address(1): \_\_\_\_\_

Mailing Address(2): \_\_\_\_\_

County of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## NEW EMPLOYMENT INFO:

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_

## ADDITIONAL INFORMATION:

The undersigned submits the information contained in this document as being a true and accurate statement pertaining to current changes of address and/or employment.

Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_