



**Consumer Information Update Request Form**

Today' Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Meter Number: (Required): \_\_\_\_\_

Primary Account Holder: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**SOCIAL Security Number (Required) \* Please provide VERBAL or On a piece of paper – to be returned to you.**

DRIVERS LIC/ID No. (Required): \_\_\_\_\_ STATE: \_\_\_\_\_

Secondary Account Holder: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

When adding/changing secondary name on an account you must wait until your next bill is processed to obtain a copy of the change...  
Maximum of 2 additional names may be added to your account. You are allowed 2 name changes within a 12 month period.

\_\_\_\_\_  
**SIGNATURE:**

\_\_\_\_\_  
**SIGNATURE:**

Manner in which the signer(s) was identified: \_\_\_\_\_ (Drivers Lic., State ID, etc.)

**\*\*\* OFFICE USE ONLY \*\*\***

Received/Entered By: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Method Received - Fax \_\_\_ Email \_\_\_ Walk In \_\_\_ Drop Off \_\_\_

**Contact Information:**  
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