



# CITY OF ARCHDALE

307 BALFOUR DRIVE  
 P.O. BOX 14068  
 ARCHDALE, NORTH CAROLINA 27263

PHONE: (336) 434-7341 FAX: (336) 431-2130

## NAME/ADDRESS CHANGE

**PLEASE PRINT CLEARLY  
 APPLICANTS MUST PRESENT GOVERNMENT ID**

ACCOUNT NUMBER: \_\_\_\_\_

**CURRENT NAME ON ACCOUNT:**

LAST NAME	FIRST	MIDDLE	SS#	DRIVERS' LICENSE	STATE

**CHANGE NAME/ADDRESS TO:**  
 (Including Add/Remove Name)

LAST NAME	FIRST	MIDDLE	SS#	DRIVERS' LICENSE	STATE

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 (If different from above)

HOME/CELL PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE	DATE

*\*Social Security number could be used for fraud prevention and collection purposes thru North Carolina Local Government Debt Setoff Clearing House.*

*\*Pursuant to G.S.105 A-3 and G.S. 143-64.60, Personal information collected by the City of Archdale will only be used to ensure proper identification in the pursuit of delinquent charges. In no case will the information be shared, sold or otherwise made available for public inspection. The disclosure of an applicant's social security number is voluntary.*