

REQUESTFORCHANGENAME/ADDRESS

RECIPIENTS: Concessionaires with active serviceconnections

AVAILABILITY OF SERVICE: Mondays to Fridays from 7:00 am to 5:00 pm (no noon break)
Saturdays from 7:00 am to 12:00 noon

REQUIREMENTS:

- Any valid ID (SSS, GSIS, Voter’s ID, Senior Citizen’ s ID, Company ID, Driver’s License, Postal ID or any Government-issuedID)
- Latest Community TaxCertificate
- Request Form for Change ofName/Address

FEES:

- None

HOW TO AVAIL THESERVICE:

Follow these Steps		Duration of Activity (Under Normal circumstance)	Staff in Charge	Fee/s	Forms	Location
Applicant/Customer	Service Provider					
1. Proceed to the Customer service and fill up Request Form for Change of Name/Address		5 minutes	Customer Services Assistant	None	Request Form for Change of Name/Address	Customer Service Counter (046) 430-0832 loc. 111

Follow these Steps		Duration of Activity (Under Normal circumstance)	Staff in Charge	Fee/s	Forms	Location
Applicant/Customer	Service Provider					
2. Submit the Request Form for Change of Name/Address and all the Requirements. For change of name, sign the Affidavit of Undertaking.	Accept, check and record the Request Form for Change of Name/Address and requirements submitted For change of name, encode and print Affidavit of Undertaking	10 minutes	CustomerServices Assistant	None	Request Form for Change of Name/Address Affidavit of Undertaking	Customer Service Counter (046) 430-0832 loc. 111

*******END OF TRANSACTION*******

DURATION OFTHESERVICE: Maximum of 15minutes

REQUEST FOR CHANGE NAME/ ADDRESS

Customer

START

Proceed to customer service counter. Submit all the requirements and fill up Request Form for Change of Name/Address

Wait for the change to be Reflected in the future bill

END

Customer Service Assistant

Receive and check the requirements and Request Form for Change, of Name/Address. For Change of name request, print Affidavit of Undertaking