



Utility Bill Account Change Request Form

Oak Lawn Utility Billing Department

https://oaklawn-il.gov/i_want_to/pay/index.php

Address of Service: _____

New Name on Account: _____

Mailing Address (leave blank if same): _____

Phone #: _____ Email: _____

Type of Property

Single Family Home Condo Apartment Commercial Religious

Multi-Unit # of Units

Is your account change request part of a Real Estate Transfer? Yes No

If Yes, what is your closing/move in date? _____

Is this Rental Property? Yes No If Yes, provide the below information.

Property Owner Name: _____

Owner Phone #: _____ Email: _____

Management Company Representative: _____

Management Phone #: _____ Email: _____

Who is filling out this form?

Owner Renter Landlord/Management Representative

Signature: _____ Date: _____

Customer # _____

Entered By: _____

Date: _____