



**ST. KITTS WATER SERVICES DEPARTMENT  
P. O. BOX 80  
BASSETERRE  
ST. KITTS**

**APPLICATION FOR CHANGE OF NAME**

**NAME OF OWNER:** \_\_\_\_\_

**OWNER'S ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**NEW ACCOUNT NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PREVIOUS TENANT:** \_\_\_\_\_

**PRESENT TENANT:** \_\_\_\_\_

**DATE OF PREMISES OCCUPIED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE OF TENANT:** \_\_\_\_\_

**SIGNATURE OF OWNER:** \_\_\_\_\_