

# CITY OF VALLEY SPRINGS

## AUTHORIZATION TO CHANGE NAME ON ACTIVE ACCOUNT

**NAME ON  
ACCOUNT:**

---

**CHANGE  
NAME TO:**

---

**ADDRESS:**

---

**PHONE:**

---

**I.D.**

---

(Current Driver's License or State issued I.D. card with photo)

**SIGNATURE:**

---

---

Due to the fact that the City of Valley Springs has implemented an identity theft 'Red Flag' prevention policy as required by the Fair and Accurate Credit Transactions (FACT) Act of 2003 as of June 1<sup>st</sup>, 2009, we need to have you fill out this form to authorize the change of name on your account.

Thank you.

Please return the form to:  
City of Valley Springs  
PO Box 118  
Valley Springs, SD 57068

Phone: 605-757-6555  
Fax: 605-757-6730  
Email: [vspringscity@alliancecom.net](mailto:vspringscity@alliancecom.net)  
[www.cityofvalleysprings.com](http://www.cityofvalleysprings.com)