

12. Request for Change Name/Address

Request for change name / address of the concessionaire's account (for active service connection).

Office or Division: Classification: Type of Transaction:	Commercial Services Simple Transaction G2B, G2C, G2G			
Who may avail:	Concessionaire/Client of CWD			
CHECKLIST OF RE	WHERE TO SECURE			
Government Issued ID (1 photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PHIC, Comelec, PRC, OWWA, Local OSCA Office		
2. Latest Community Tax Certificate (1 photocopy)		Local Treasury Office		
Request for change n original)	Customer Service Area located at 1 st floor, CWD Office			
4. Land Title / Deed of Sale / Land Award or any proof of ownership/ proof of relationship to the land owner (if necessary)/ Waiver letter (if applicable (1 photocopy)		Local Assessor's Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Customer service area and fill up Request Form for Change of Name/Address	Provide Request For Change of Name/Address	None	5 Minutes	Customer Service Assistant
2. Submit the Request Form for Change of Name/Address and all the requirements.	Accept and verify the submitted requirements	None	5 Minutes	Customer Service Assistant
3. For change of name, sign the Affidavit of Undertaking.	3. Provide Affidavit of Undertaking	None	5 Minutes	Customer Service Assistant
TOTAL:		None	15 Minutes	