Personal Account - Change Form

2360 Congress St. Portland Maine 04102 Phone: 888-682-7277 Fax: 207-482-8800

Account #_____ Last Name _____ First Name_____ MI_____

Add License Plate to Account

	State	Plate #	Plate Type
Add			
Add			
Add			
Add			

Remove License Plate to Account

	State	Plate #	Plate Type
Remove			
Remove			
Remove			
Remove			

CIRCLE HERE IF NEW ADDRESS

Old Street Address _____

Old Mailing Address _____

City/Town_____ **State**_____ **Zip Code**_____

New Street Address_____

New Mailing Address_____

City/Town_____ **State**_____ **Zip Code**_____

Add Account Access Pin Code
(4-digit number)

____ ____ ____ ____

Change Account Access Pin Code

____ ____ ____ ____ to ____ ____ ____ ____

Account Statement Options

Statement Delivery (please circle one) Online only Monthly ($2/month)

Account name change

Current Name on Account _____

New Name on Account _____

***Acceptable legal documentation of name change must be attached to change name of account holder**

I authorize the above changes to my account to be completed.

***Signature** (of account holder required) _____

(For office use only)

CSR _____ Date_____

Processed by_____ Date_____ Payment Total: $_____