



CIVIL APPLICANT ACCOUNT UPDATE FORM

(one account per form) **ALL information is required unless noted "if applicable". Incomplete forms may result in a processing delay.**

For use by DPS RCCD Staff Only	
<input type="checkbox"/> No Changes FISCAL	<input type="checkbox"/> No Changes FSU
Processed By: _____	_____
Date: _____	_____

Website: _____

RCCD Account Number: _____

Company Name: _____

Federal Tax ID # *if "New", please provide a copy of the Federal Tax ID letter

Current _____

Statutory Authority Add _____

New* _____

(If Applicable) Delete _____

Address Change - applies to (CHECK ALL THAT APPLY):

Physical Address _____ City - State - Zip _____

Billing Address _____ City - State - Zip _____

Response Address _____ City - State - Zip _____

Contact Information - applies to (CHECK ALL THAT APPLY): Billing Response Both Add Delete

Name and Title (printed) _____ Telephone Number _____

E-mail Address _____ Fax Number _____

Contact Information - applies to (CHECK ALL THAT APPLY): Billing Response Both Add Delete

Name and Title (printed) _____ Telephone Number _____

E-mail Address _____ Fax Number _____

Contact Information - applies to (CHECK ALL THAT APPLY): Billing Response Both Add Delete

Name and Title (printed) _____ Telephone Number _____

E-mail Address _____ Fax Number _____

Terms: Statements will be mailed each month. In order to maintain a current account, the balance in full must be paid within 10 days of receipt. If a credit limit is granted for this application, the account may be suspended if the credit limit is exceeded or if the account is not current. If an account is suspended, services will not be provided until the account terms are satisfied. Any change to organization information including address must be reported within 10 business days.

**** Any payment on account returned for Non-Sufficient Funds will be assessed a \$25.00 fee.****

I, the undersigned, have the authority to make the changes outlined herein on behalf of the Company/Organization listed above. I agree to the terms listed above and I understand that any credit limit associated with this account is at the discretion of the Department of Public Safety, Records, Communications and Compliance Division.

Authorized Company Representative Signature _____ Date _____

Authorized Company Representative Name-PRINTED _____ Title _____