

# Change of Regulated Utility Contact Information

To edit, please search by industry or company name and then click on Edit.

Note: This form functions best with Internet Explorer.

Search and Selection			
<b>Search By</b> <input checked="" type="radio"/> Industry <input type="radio"/> Company Name	<b>Select by Industry</b> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="text"/> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="text"/> </div> <input type="button" value="Search"/>		
<b>Official Company Name</b>	<input type="text"/>	<b>Mailing Name</b>	<input type="text"/> <span style="color: red; font-size: small;">Please Enter Mailing Name</span>
<b>Company / Utility Code</b>	<input type="text"/>	<b>Certificate No.</b>	<input type="text"/>
<b>Federal Identification No.</b>	<input type="text"/>	<b>Physical Location</b>	Address 1 <input type="text"/> Address 2 <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/>
<b>Attention Line</b>	First Name <input type="text"/> Middle <input type="text"/> Last Name <input type="text"/> Title <input type="text"/> Telephone <input type="text"/> Ext <input type="text"/> Fax <input type="text"/> E-mail <input type="text"/>	<b>Mailing Address</b>	Address 1 <input type="text"/> Address 2 <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Country <input type="text"/>
<b>Liaison Officer No. 1</b>	First Name <input type="text"/> Middle <input type="text"/> Last Name <input type="text"/> : Title <input type="text"/> Telephone <input type="text"/> Ext <input type="text"/> Fax <input type="text"/> E-mail <input type="text"/>	<b>Liaison Officer No. 2</b>	First Name <input type="text"/> Middle <input type="text"/> Last Name <input type="text"/> : Title <input type="text"/> Telephone <input type="text"/> Ext <input type="text"/> Fax <input type="text"/> E-mail <input type="text"/>
<b>Company Web Address</b>	<input type="text"/>		
<b>NOTES</b>	<input type="text"/>		
<b>Submitted By Company Representative</b>			
<b>First Name</b>	<input type="text"/> <span style="color: red; font-size: small;">Please Enter First Name</span>	<b>Last Name</b>	<input type="text"/> <span style="color: red; font-size: small;">Please Enter Last Name</span>
<b>Title</b>	<input type="text"/> <span style="color: red; font-size: small;">Please Enter Title</span>	<b>Telephone</b>	<input type="text"/> <span style="color: red; font-size: small;">Please Enter Phone</span>
<b>Email</b>	<input type="text"/> <span style="color: red; font-size: small;">Please Enter Email Address</span>		
<input type="button" value="SUBMIT"/>			