

# WATER DEPARTMENT

*Tel # 264-497-1270*

*Fax # 264-497-1275*

## CHANGE OF ADDRESS FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ref #: \_\_\_\_\_/\_\_\_\_\_

I here by requested that the billing of my water supply be changed as follows:

Account No.: \_\_\_\_\_ - \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_ & \_\_\_\_\_ - \_\_\_\_\_

**FROM:**

**TO:**

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Processing Officer