

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