



Water & Sewer Department

Change of Account Information

DATE

ACCOUNT NUMBER

NAME ON ACCOUNT

TYPE OF CHANGE

- 1 NEW MAILING ADDRESS
- 2 CHANGE OF LEGAL NAME
- 3 ADDING CO-APPLICANT
- 4 OTHER _____

1: THIS FORM IS FOR CHANGE OF MAILING ADDRESS ONLY!
 IF YOU ARE MOVING FROM THIS PROPERTY AND NEED THE ACCOUNT TAKEN OUT OF
 YOUR NAME, PLEASE DO NOT COMPLETE THIS FORM.
 YOU NEED TO COMPLETE A WATER DISCONNECTION FORM.

NEW MAILING ADDRESS

CITY

ZIP

2. PHOTO ID WITH NEW NAME REQUIRED

NEW LEGAL NAME

3. PHOTO ID FOR CO-APPLICANT REQUIRED

CO-APPLICANT'S NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

PHONE NUMBER

4. PLEASE GIVE DETAILS AND NECESSARY DOCUMENTATION TO MAKE CHANGES TO THE ACCOUNT.

OTHER

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

Please bring completed form to the MWD billing office or email it to
 200 West Fort St. mwdbilling@cityofmanchestertn.gov Phone: 931.728.4652
 Manchester, TN 37355