



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