



Utilities Department

Mailing Address Change Request

Utility Acct #

Name of Utility Account \_\_\_\_\_ Phone # \_\_\_\_\_

Requested by: \_\_\_\_\_ Email address: \_\_\_\_\_

Previous Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Current Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*\* Place copy of photo identifications below\**

**\*Form must be filled out by account holder(s), current valid identification(s) will be required as proof\***

**For Office Use Only:**

Request Received by: \_\_\_\_\_ Date \_\_\_\_\_ Change Processed by: \_\_\_\_\_ TCM: \_\_\_\_\_