



Public Water Supply District No. 2



REQUEST FOR CHANGE OF BILLING ADDRESS

Service ID Number: _____ Service Address: _____

Account Holder's Name(s): _____

Please change the *mailing address* for my monthly water bill to the following address:

NEW MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CURRENT PHONE NUMBER: _____ CURRENT EMAIL: _____

My Signature below acknowledges that I have requested that my mailing address be changed. I understand that the change will not be effective until this signed form is received by the District. I further acknowledge that the staff will make every attempt to make the change by the next billing cycle. I also understand that if I do not receive my bill, it is my responsibility to call the office if I do not receive a bill by the 5th of the month of which it is due.

Signature: _____

Date: _____

Printed Name: _____

For Office Use Only

Received by: _____ Effective Date: _____

Posted into computer and scanned into customer's account: _____