

**REQUEST FOR UTILITY SERVICE
CHANGE OF MAILING ADDRESS**

DATE: _____

ACCOUNT NAME _____

ACCOUNT NUMBER _____

SERVICE ADDRESS: _____

CHECK IF CHANGING TO SERVICE ADDRESS

NEW MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

I UNDERSTAND THAT FAILURE TO RECEIVE MY BILL EITHER BY MAIL OR EMAIL DOES NOT EXEMPT ME FROM PAYING MY UTILITIES ON OR BEFORE THE DUE DATE. IT IS MY RESPONSIBILITY TO CONTACT THE BUSINESS OFFICE TO CHECK ON MY UTILITY BILL IF I DO NOT RECEIVE IT.

CUSTOMER SIGNATURE: _____

CUSTOMER SERVICE REP: _____

ATTACH COPY OF ID

FOF OFFICE USE ONLY: ID INFORMATION FOR TAKING REQUEST BY PHONE

DATE OF BIRTH: ____/____/____

DL# OR LAST 4 DIGITS OF SSN: _____