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**CHANGE OF ADDRESS FORM**

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

New Phone #: \_\_\_\_\_

Request Date: \_\_\_\_\_

Change Type:      Mailing      Physical      Both

Request Made By:    Customer    Post Office    County 911/GIS

Request Made Via:    Office Visit    Phone    Fax    E-mail    Letter