**CHANGE OF MAILING ADDRESS FORM**

**Contact Information**

Your Name: 

Phone #: 

Cell #: 

Work #: 

Email: 

City, State, ZIP: 

Your relationship to property: 

**Water/Sewer Service Address Information**

SWSC Account # : 

Assessed Owner: 

Address: 

City, State, ZIP: 

Property Occupied: Yes No

**Mailing Name / Address Information for Billing**

Name: 

Address: 

City, State, ZIP: 