**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: 