



NEW MAILING ADDRESS CHANGE AUTHORIZATION

PARCEL NUMBER: 28 - _____ - _____ - _____ - _____ - _____

ACCOUNT # _____ - _____ - _____ - _____

PROPERTY OWNER: _____
(FIRST NAME) (LAST NAME)

PROPERTY ADDRESS: _____
(ADDRESS) (CITY, STATE & ZIP)

NEW MAILING ADDRESS FOR THE ABOVE PROPERTY:

(ADDRESS) (CITY, STATE & ZIP)

PLEASE CHECK ALL DEPARTMENTS THAT YOU WOULD LIKE APPLIED TO THE NEW MAILING ADDRESS:

- TREASURY (Property Tax Bills) Comments: _____
- ASSESSING (Property Value Assessments) _____
- WATER/SEWER (Billing) _____
- CLERK (Elections) _____

I UNDERSTAND THAT AS THE PROPERTY OWNER I AM ULTIMATELY RESPONSIBLE FOR ALL WATER/SEWER UTILITY PAYMENTS INCLUDING ANY CURRENT BALANCES. ALL ACCOUNTS NEED TO BE CURRENT FOR CONTINUED SERVICE.

OWNER SIGNATURE PHONE NUMBER DATE

PAPERLESS BILLING? (Available for Water/Sewer Billing ONLY) YES NO

EMAIL ADDRESS: _____

We offer "Direct Debit" as a payment option. Please see our *Utility Billing* department for more information

PLEASE RETURN THIS FORM WITH A COPY OF YOUR PHOTO I.D.

