CITY OF Perkins

MAILING ADDRESS CHANGE

Customer Information

Name on Utility Account: _____ Utility Account #: _____

Name of Person Completing Form (if other than account holder): _____

Relation to Account holder (if applicable): _____

Service Address: _____ Phone #: _____

NEW Mailing Address: _____

City: _____ State: _____ Zip: _____

I understand that completion of this form does not terminate services or suspend billing at this address.

I am hereby requesting that the City of Perkins change the mailing address for the above listed utility account.

By signing your name below, you are attesting that you are the account holder or that you are acting with the account holder's full knowledge.

_____ _____

Signature Date

Office Use Only

Account #: _____

Completed By: _____