



City of

Harrisonville^{est. 1836}

REQUEST FOR CHANGE OF UTILITY BILL MAILING ADDRESS:

UTILITY ACCOUNT HOLDER'S NAME _____

UTILITY SERVICE ADDRESS _____

UTILITY ACCOUNT # _____

PLEASE CHANGE THE MAILING ADDRESS FOR MY MONTHLY UTILITY BILLS TO THE FOLLOWING ADDRESS:

NEW MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CURRENT PHONE # *(required)* _____

My signature below acknowledges that I have requested that my mailing address be changed. I understand that the change will not be effective until this signed form is received in the utility office and my signature has been verified to the one currently on file. I further acknowledge that the change may not be effective for my next utility bill and understand that it will be my responsibility to call if I do not receive a utility bill by the 1st of any month it would be due.

X _____ / _____

SIGNATURE OF ACTUAL UTILITY ACCOUNT HOLDER

DATE