

BILLING FORWARD FORM

NAME:

ACCOUNT #:

OLD ADDRESS:

NEW ADDRESS:

BALANCE ON ACCT:

INITIALS:

BALANCE ON ACCT:

INITIALS:

WTR DEPOSIT ON ACCT:

INITIALS:

SWR DEPOSIT ON ACCT:

INITIALS:

HOUSE VACANT:

INITIALS:

OTHER INFORMATION:

DATE:

TIME:

OWNER SIGNATURE:

TOWNSHIP SIGNATURE: