

# Your Wastewater Utility Provider

214 E. 4<sup>th</sup> Street, La Center, WA 98629

## Change of Billing Address

### Requestor Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Mailing Address

Number & Street: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tax Lot ID: \_\_\_\_\_

### Owner Information

Utility Billing Account # \_\_\_\_\_

**Old** Billing Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

Pay Off Date: \_\_\_\_\_

New Billing Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Effective Date: \_\_\_\_\_