

**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 # _____
<b>Old Billing Address:</b> _____
Address 2: _____
Pay Off Date: _____
<b>New Billing Address:</b> _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Effective Date: _____