



*Change of Address
Request*

Name: _____ Date: _____

Service Address: _____

Account #: _____ / _____ / _____

Date to apply changes: _____ 20____.

Previous mailing address: _____

Phone: _____

New mailing address: _____

Phone: _____

Signature: _____ Last 4 of SSN: _____

(For verification purposes)

Fax to 940-365-1215
or
Hand delivered to City Hall at 107 S. Main St.
or
Dropped in drop box at City Hall

Received: _____

Processed: _____