



**CITY OF HAVELOCK
CUSTOMER SERVICE
CHANGE OF MAILING ADDRESS FORM**

PHOTO IDENTIFICATION IS REQUIRED

*****Only the customer whose name appears on the bill is authorized to change the billing address*****

Changing the mailing address may affect the delivery of your pending/current bill; you may like to request a copy of the current bill. You may also inquire if information is available on a pending bill.

DATE: _____

CUSTOMER NAME: _____

PHONE NUMBER: _____

EFFECTIVE DATE: ____ / ____ / ____ _____
Month Day Year Day (Mon-Fri only)

Service Address: _____

New Mailing Address:

Print Name: _____

SIGNATURE: _____

This institution is an equal opportunity provider and employer.

OFFICE USE ONLY

Billing Address Updated

ACCOUNT #: _____ CID#: _____

Current Charges Paid? Yes ___ No ___