

City of Lancaster
Request Name/Mailing Address Change Form

Customer Number: _____ Tenant
 Owner: _____

Service Address: _____

Current Name(s): _____
(as currently listed on bill)

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

If requesting to change Mailing Address, please complete this section:

New Mailing Address: _____
Name

_____ *Street*

_____ *City State Zip Code*

If requesting to change your name on the bill, please complete this section:

New Owner Name: _____ Name Change is due to: Marriage
 Divorce
 Other (specify) _____

The undersigned Applicant on oath deposes and says that (s)he is responsible for water bills for above premise.
This change will remain in effect until notice of cancellation.

Print Name: _____

Signature: _____ Date: _____

Municipal Billing Specialist
206 S Madison St
Lancaster, WI 53813
Phone 723-4246
Fax 723-4789