# 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: _____