

**CHANGE OF MAILING ADDRESS**

**DATE:** \_\_\_\_\_

**ACCOUNT #:** \_\_\_\_\_

**METER ADDRESS:** \_\_\_\_\_

**PLEASE SEND FUTURE BILLINGS TO:**

**NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE #: (OPTIONAL)** \_\_\_\_\_

**X** \_\_\_\_\_

***Signature of person requesting change***

Form can be mailed to: City of Taylor Water Department, 25605 Northline Rd., Taylor, MI 48180, emailed to: [dpitoniak@ci.taylor.mi.us](mailto:dpitoniak@ci.taylor.mi.us) or faxed to 734-374-1463