

FOSTERBURG WATER DISTRICT

3216 Main St. – Fosterburg

Alton, IL 62002

618 259-0935 Fax 618 259-9887

fosterwater@fosterburgwaterdistrict.com

ACCOUNT CHANGE REQUEST FORM

The undersigned do hereby make application for changing the account information on the existing water service at the following property address:

Account Name _____

Service Address _____

Effective Date of Change _____ Account No. _____

- Own Home
- Rent/Lease

Landlord's Name _____

Landlord's Address _____

Landlord's Phone # _____

Reason for Change (check one):

Name Change

Reason for Name Change _____

Original Name on Account _____

New Name on Account _____

Drivers License # _____ State _____

Home Phone Number _____ Other Contact # _____

Billing Address Change

Current Billing Address _____

New Billing Address _____

Other _____

Name (print) _____ Joint Name (print) _____

Signature _____ Joint Signature _____

Date _____ Date _____

<i>Office Use</i>			
Received by:	Completed by:	Date:	Scan: