

CHANGE OF ADDRESS WATER UTILITY

Temporary

Permanent



Customer Information

Name(s) on Account: _____

Contact Phone () - _____ - _____ Account Number _____

***The phone number where you can best be reached if we have questions.*

Email: _____

Current Address of Account

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Primary Phone () - _____ - _____

If change is **TEMPORARY**, what is the date it should return to the **CURRENT** address: _____

New Address - check box on top of form to designate permanent or temporary

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

This form may be emailed to Haylee@jeffersonwis.com or dropped off/mailed to:

City of Jefferson
317 South Main Street
Jefferson, WI 53549