



UTILITY ACCOUNT ADDRESS CHANGE REQUEST

29955 IH-45 North
Shenandoah, Texas 77381

Tel: (281) 298-5522
Fax: (832) 585-8150

PLEASE PRINT

CURRENT INFORMATION

Account No.: _____

Account Name: _____

Mailing Address1: _____

Mailing Address2: _____

City, State, Zip: _____

Person Requesting Change: _____

Reason for Request: _____

REQUESTED MAILING ADDRESS CHANGE

New Account Name: _____

Mailing Address1: _____

Mailing Address2: _____

City, State, Zip: _____

Telephone: _____

Email: _____

A resident may request that their address and telephone number be kept confidential. If a resident makes such a request of confidentiality, the City shall keep the address and telephone number confidential unless required or mandated by law.

YES – Request for confidentiality.

NO – Do not request confidentiality.

Customer Signature

Date