



Change of Address Form

Type of Service (Check One): Residential Service Commercial Service

Date: _____

Service Address: _____

Name: _____ Social Security Number: _____ - _____ - _____

New Mailing Address: _____

Phone Number: (____) _____ - _____ Alternate Number: (____) _____ - _____

Email Address: _____

I agree to be held responsible for a final bill less any applicable deposit which is due upon receipt. Unpaid balances are subject to being turned over to a collection services and will be a negative report to credit agencies. Future services will be denied until balance is paid. Credit balances will be refunded by check after final billing.

Change of address forms may be submitted with valid photo ID to: UB@winnsborotexas.com or dropped off at City Hall.

Signature: _____

For Office Use	
Date:	Received by: