

ACCOUNT UPDATE

Date _____

SERVICE ADDRESS	Account Number
Owner Name	Phone

Primary Name		Secondary Name	
Social Security Number OR ITIN	Date of Birth	Social Security Number OR ITIN	Date of Birth
Current Driver's License Number OR State ID		Current Driver's License Number OR State ID	
Email Address		Email Address	
Cell	Home	Cell	Home
Employer	Employer Phone	Employer	Employer Phone
Mailing Address (if different from service address)		Mailing Address (if different from service address)	

How many of trash receptacle do you currently have? _____

How many of trash receptacle would you prefer? _____

Would you prefer your bill to be mailed or emailed?

What services do you currently have with the city? Water Sewer Trash

Signature	Date
Signature	Date