

# UTILITY ACCOUNT CHANGE / REQUEST FORM

**\*\*\*NOTE: ALL REQUESTS ARE SUBJECT TO FEES AS PER CURRENT TOWN ORDINANCE / RESOLUTION.  
UPON REQUEST YOU WILL BE CHARGED ACCORDINGLY. \*\*\***

Requested By: Renter  Owner

**ACCOUNT#**

Name: \_\_\_\_\_

**TAP #:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Current OR Forwarding Mailing Address: \_\_\_\_\_

Type of Change:

**Garbage Service:** Changing FROM: Weekly  EOW  Monthly   
TO: Weekly  EOW  Monthly   
**Water Service:** Turn Water On:  Turn Water Off:   
Read Meter:  Check for Leak:   
Repair / Replacement:

Please Describe Details Related To Request: \_\_\_\_\_

Please Describe Reason For Request: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_