

## CHANGE OF MAILING ADDRESS

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Customer signature \_\_\_\_\_

Please mail to:

South Island Public Service District

P.O. Box 5148

Hilton Head Island, SC 29938

or email [lynn@sipsd.com](mailto:lynn@sipsd.com)