



**VILLAGE OF SOUTH CHICAGO HEIGHTS  
WATER BILLING DEPARTMENT**

**NAME OR ADDRESS CHANGE FOR WATER ACCOUNT**

**TO BE FILLED OUT BY OFFICE STAFF ONLY (If being filled out for Name change, we need documentation)**

**Such as: Marriage License, Divorce Papers & a copy of ID**

DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ APT.# \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

CHECK BOX THAT APPLIES:       OWNER                       TENANT

IS THIS PROPERTY VACANT:       YES                               NO

**NEW BILLING ADDRESS:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

**NOTE:** Complete **ONLY** if the mailing address changes

REASON FOR CHANGE: \_\_\_\_\_

SIGNATURE OF OWNER/TENANT: \_\_\_\_\_

SIGNATURE OF WATER DEPARTMENT: \_\_\_\_\_