



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: _____