

# CUMMING UTILITIES CHANGE OF ADDRESS REQUEST FORM

February 2012 Form

Applicant please print all information below.

Name on Account: \_\_\_\_\_

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

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

***I hereby request that the mailing address for the above referenced account be changed to the following:***

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

Driver's License No: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

Contact Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Date that you want the change to take place: \_\_\_\_\_

This change of address was requested by: \_\_\_\_\_

PLEASE PRINT NAME HERE

Signature: \_\_\_\_\_ Current Date: \_\_\_\_\_

***Please complete this form and fax it along with a copy of your driver's license to (678) 455-1248. Please contact the Department of Utilities at (770) 781-2020.***

## For Office Use Only

Signature of Employee Completing Request: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_