



City of Fall River
Water Division
1 Government Center, Room 308
Fall River, MA 02722

NAME/MAILING ADDRESS CHANGE

Account Information: _____
Account# Customer ID#

Service Address: _____

Current Owner Name: _____
(as currently listed on bill)

Phone #: _____

If requesting to change Mailing Address, please complete this section

Current Address : _____
number Street Suite#/Floor
City State Zipcode

New Address: _____
number Street Suite#/Floor
City State Zipcode

Change Spelling: _____

Remove Name: _____

Reason: _____

Print Name: _____

Signature: _____

TO BE COMPLETED BY CITY

CITY NAME: _____

DATE OF REQUEST: _____ INFORMATION TAKEN BY: Phone Mail In Person

COMMENTS: _____