

BILLING CHANGE

WATER DISTRICT NO. _____

ACCOUNT NO. _____

Property Location: _____

Previous Owner/Tenant: _____

New Owner/Tenant: _____

Mailing Address: _____

Telephone No.: _____

Change Requested by: _____
{print name}

Comments:

OFFICE USE ONLY

Clerk _____

Date _____

Mail completed form to:
Town of Clarendon
PO Box 145
Clarendon, NY 14429

Deliver completed form to:
Clarendon Town Clerk's Office
16385 Church Street
Clarendon, NY 14429