

**CITY OF EUREKA SPRINGS
WATER DEPARTMENT
WATER/SEWER ACCOUNT CHANGES**

Water Account #(s) _____

Service Address: _____

CHANGE of MAILING ADDRESS SECTION

(Must be Completed by Account Holder Only)

CURRENT MAILING ADDRESS

NEW MAILING ADDRESS

(P.O. Box or Street Address)

(P.O. Box or Street Address)

(City, State, Zip Code)

(City, State, Zip Code)

(Account Holder's Name (Print))

(Account Holder's Name (Signature))

Date: _____

CHANGE of NAME on ACCOUNT SECTION

(Must Be Completed By Both Parties; Authorizes DEPOSIT to be Transferred to the New Name on Account)

CURRENT NAME on ACCOUNT

NEW NAME on ACCOUNT

(Printed Name)

(Printed Name)

(Signature)

(Signature)

(New Acct. Holder SS# or DL#)

Date: _____

Date: _____