

**TOWN OF KINGSTREE
CHANGE OF ADDRESS FORM**

ACCOUNT NUMBER _____

NAME _____
(Please print)

SERVICE ADDRESS _____
(STREET NUMBER) (STREET ADDRESS)

PLEASE CHANGE MY PRESENT MAILING ADDRESS FROM:

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

TO NEW MAILING ADDRESS:

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____
(IF YOU ARE NOT ACCOUNT HOLDER PLEASE SIGN YOUR NAME AND SHOW ID)

TELEPHONE NUMBER _____