

CITY OF CARO
UTILITY BILLING NAME AND ADDRESS CHANGE FORM

EFFECTIVE DATE OF CHANGE: _____

NAME & ADDRESS TO BE CHANGED FROM:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP-CODE: _____

PHONE NUMBER: _____

NAME & ADDRESS TO BE CHANGED TO:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP-CODE: _____

PHONE NUMBER _____

EMAIL _____

SERVICE ADDRESS IF DIFFERENT THAN MAILING ADDRESS:

UTILITY BILLING ACCOUNT NUMBER: _____

PARCEL NUMBER: _____

REASON FOR CHANGE: _____

_____ **BUSINESS**

_____ **RESIDENCE**

SIGNATURE OF OWNER: _____

DATE: _____