

**WATER DEPARTMENT
CHANGE OF MAILING ADDRESS**

DATE: _____

ACCOUNT #: _____

METER ADDRESS: _____

PLEASE SEND FUTURE BILLINGS TO:

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: (OPTIONAL) _____

X _____

Signature of person requesting change

Form can be sent to the Water Department by mail, e-mail, or fax:
City of Taylor Water Department, 25605 Northline Rd., Taylor, MI 48180,
Email: slyall@ci.taylor.mi.us
Fax: (734) 374-1463