



City of Winnsboro

Change of Address Form

Type of Service (Check One): Residential Service Commercial Service

Today's Date: _____

Service Address: _____

Customer Information

Name: _____

Social Security #: _____ - _____ - _____

NEW Mailing Address: _____ City: _____ St: _____ Zip: _____

Phone #: (_____) _____ - _____ Alt #: (_____) _____ - _____

E-Mail: _____

I agree to be held responsible for utility bills which is due upon receipt. Unpaid balances after 10th are subject to a 10% Late Fee. Services unpaid after 20th are subject to disconnection and charged disconnect fees. Any unpaid balances will be turned over to a collection service and will be a negative report to credit agencies. Future services will be denied until balance is paid.

Signature: _____

| For Office Use | |
|----------------|--------------|
| Date | Received by: |
| | |