



ADDRESS CHANGE

<u>Date:</u>	<u>Account Number:</u>
<u>Service Address:</u>	
<u>Name:</u>	
<u>Phone Number:</u>	

I, the property owner of the above service address request that my mailing address be changed to the following.

NEW MAILING ADDRESS

<u>Address:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>

I understand that it is the responsibility as the property owner of the above service address to keep Cross Valley Water District informed of the current billing address and will provide the request in writing.

I also understand that failure to receive a bill does not relieve a customer of the responsibility for payment of charges and penalties per CVWD 9.05.040 (4).

<u>Signature:</u>	<u>Date:</u>
-------------------	--------------