

CHANGES TO WATER UTILITY SERVICE ACCOUNT

Please complete all applicable sections. PLEASE PRINT

ACCOUNT INFORMATION

Water Account Number:		Request Date:		
Customer Name:				
Current Service Address: _				
New Mailing Address: [If applicable]		City/Sta	ate:	Zip:
	С	ONTACT INFORMAT	ON	
Cell Phone:				
Home Phone [If applicable]	:			
E-mail Address:	-			
Driver's License:			State:	Exp:
	CHA	ANGE NAME ON ACC	OUNT	
Marriag	ə:	*Divorce:	*Dea	th of Spouse:
New Name:				
*Please provide copy of div customerservice@bedfordt				
REQU	JESTING SENIOR	RATE FOR RESIDEN	ITS AGED 65 o	or OLDER
Please either scan your o come in person to 1805 l				ervice@bedfordtx.gov or
TRANSFE	R (WITHIN BEDF	ORD ONLY) OR DISC	ONNECT UTILI	TY ACCOUNT
Final-Out Date:	_ Forwarding Add	dress:		
	City		State	Zip
Transfer FROM Bedford Address:				Date:
Transfer TO Redford Address:				Date [.]