



COVINGTON PUBLIC WORKS/UTILITIES

## MAILING ADDRESS CHANGE FORM

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**ACCT#:** \_\_\_\_\_

**FULL LEGAL NAME:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**OLD MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**NEW MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**SS#:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_