

City of Winters Utility Billing Information Change Form

Use this form when your billing information has changed such as name, address, or other contact information.

Current Billing Info:	Date	_____
Name	_____	Phone _____
Address	_____	
City, State, Zip	_____	
Account Number	_____	Physical Location _____

Change Billing Info to:		
Name	_____	Phone _____
Address	_____	
City, State, Zip	_____	
Effective Date of Change	_____	
Reason for Change	_____	

Signature of Account Holder _____