

SOUTH CLEVELAND WATER SUPPLY CORPORATION

CHANGE OF ADDRESS REQUEST

NAME: _____ METER #: _____

PHONE: _____ ACCT #: _____

I hereby authorize South Cleveland Water Supply Corporation to change all billings on my account as follows until further written notice:

Current Address on Account:

Change Address on Account to:

Effective Date of Address Change: _____

I am the property owner and member of South Cleveland Water Supply Corporation, I am responsible to ensure that this account balance is kept current, in accordance with the Corporation's Tariff. If service has been disconnected, this account shall not be reinstated until all debt on the account has been paid in full.

Signature _____

Date _____