

**LIBERTY CITY WATER SUPPLY CORPORATION  
ADDRESS CHANGE FORM**

NAME: \_\_\_\_\_ ACCT. # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I hereby authorize Liberty City Water Supply Corporation to send all billings on my account to the address written below until further written notice.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
Signature (Owner of property or Authorized Agent)

\_\_\_\_\_  
Date