

CITY OF MOUNT VERNON WATER DEPARTMENT CUSTOMER INFORMATION UPDATE

Circle One: TURN OFF TRANSFER UPDATE

REQUIRED:

Name on Account: _____

Name of Person Filling Out Form: _____

Current Service Address: _____

New Service Address (if applicable): _____

New Mailing Address: _____

Home Number: _____

Work Number: _____

Cell Number: _____

Other Number: _____

Social Security Number: _____

Birth Date: _____

Date Current Service Address to be turned off: _____

Date New Service Address to be turned on (if Applicable): _____

If you are closing your account, we will apply your deposit that is on file to your account after your final bill is generated. If your deposit does not cover your balance, we will mail you the amount due to the above mailing address. You are responsible for the balance remaining and have 3 months from today to clear up the balance. After the 3 months, legal actions will be taken and you will be responsible for any legal fees plus the remaining balance on the account. If your deposit covers your bill and there is a balance remaining from the deposit, we will refund you the remainder of the deposit to the address on file.

I agree by signing that the information above is correct and understand that I am responsible for the balance remaining.

Signature

Date

NOTE: If you wish to have your account drafted and the account is not off, please inform the office personnel for a separate form.