



Water/Sewer Account Changes

Date of Request: _____

Account#: _____ Customer's Name: _____

Address of Property: _____

Person Making Request: _____

Phone#: _____ Email Address: _____

Change of Mailing Address

Current Mailing Address: _____

New Mailing Address: _____

Name Change Request

This request must match photo ID

Current Acct Holders Name: _____

Requested Name Change: _____

Please attach any supporting documents you feel would be beneficial in the process.

Date Entered into System: _____ Employee Signature: _____

**Forward completed form to the Customer Service Clerk
at City Hall or via email at billing@springfieldga.org**