

**TOWN OF BYHALIA**

**CHANGE OF ADDRESS/NAME**

ACCOUNT #: \_\_\_\_\_

NAME: \_\_\_\_\_

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

TELEPHONE #: \_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NEW NAME: \_\_\_\_\_

NEW TELEPHONE #: \_\_\_\_\_

The undersigned request for the mailing address and/or name to be changed as stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date