



Utility Account Change of Address Form

Account Information

Account #: _____ Customer Name: _____

Service Address: _____

Phone Number: _____ Cell phone or Work Number: _____

Email address: _____

New Mailing Address

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell phone or Work Number: _____

Effective Date: _____

Signature: _____

Relationship to Customer: _____

Date: _____

Please mail or fax completed and signed application to:

Village of Glen Ellyn
Cashier's Department
535 Duane St.
Glen Ellyn, IL 60137

Fax # 630-469-1757 or Email billing@glenellyn.org