



## Utility Account Change of Address Form

### Account Information

Account #: \_\_\_\_\_ Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cellphone or Work Number: \_\_\_\_\_

### New Mailing Address

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cellphone or Work Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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