WATER & SEWERAGE AUTHORITY

CUSTOMER CHANGES FORM (NAME CHANGE)

Please fill out the relevant details.
For name changes, please attach a current Certificate of Assessment (Original or copy)

ACCOUNT OLD# | | | | | | | | |

NEW# | | | | | | | | |

NEW OWNER

FIRST NAME

MIDDLE NAME

SURNAME

NEW MAILING ADDRESS

UPDATED SERVICE ADDRESS NO. | | | LOT# | | | |

STREET

DISTRICT

TOWN

LIGHT POLE# | | | | MILE MARK | | | |

LANDMARK

LAND & BUILDING NO. | | | | | |

PHONE# _____ E-MAIL ADDRESS _____

_____ _____

ID/DP/PASSPORT# ID/DP/PASSPORT#

_____ _____

SIGNATURE DATE