CITY OF MARGATE

Telephone: (954) 972-6454
Fax: (954) 935-5258

UTILITY CHANGE OF ADDRESS FORM

DATE: _____

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

IF NEEDED, NAME OF TENANT: _____

BILLING ADDRESS (if different from property address):

_____
(street address)

_____
(city, state & zip code)

(_____)_____
(telephone no.)

DO YOU WANT A DUPLICATE BILL SENT TO YOU? YES NO
(**circle one**)

YOUR RELATIONSHIP TO THE PERSON NAMED ON THE ACCOUNT: (**check one**)

_____ OWNER
_____ PROPERTY MANAGER
_____ RELATIVE
_____ TENANT

PLEASE INCLUDE:
ALTERNATE ADDRESS FOR DUPLICATE BILL OR FUTURE FORWARDING: _____
(street address)

_____
(city, state & zip code)

(_____)_____
(telephone no.)

SIGNATURE: _____

Rev.03/03
General Instructions