

Tate Monroe Water Assn., Inc.

2599 SR 232 NEW RICHMOND, OHIO 45157
PHONE: 513-734-2236
FAX: 513-734-7950

Name/Mailing Address Change Request

As the owner of the service properties listed below, I am requesting the name and/or mailing address for the property to be changed. I understand that all bills and notices will be mailed to the address I have listed below. It is my responsibility to fill out another address change request if the name and/or mailing address is no longer valid.

Name: _____

Water Account Number: _____

Service Address: _____

Mailing Address: _____

By signing below, I am stating that I understand the change request from; I realize all bills and notices will be mailed to the person(s) and address I have listed above.

Property Owner Signature _____

Property Owner Name (Please Print) _____

Date Signed _____

Phone Number _____