



LONG NECK WATER COMPANY

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Change of Customer Information

Date _____

Account# _____

Owner/Lessee Name: _____

Co-Owner/Lessee Name: _____

Community Name: _____

Service Address: _____

Requested by: _____

TYPE OF CHANGE

___ Name ___ Marital Status ___ Phone No.

___ Billing Address ___ Email

Name: _____

Home Phone: _____

Cell Phone: _____

Billing Address: _____

Email: _____

Signature: _____