

## **CUSTOMER INFORMATION CHANGE FORM**

| Account Number:  |  |                              |                         |
|--|--|------------------------------|-------------------------|
| Member/Customer Nan  | ne:  |                              |                         |
| Service Address:   |  |                              |                         |
| City:  | State:   | Zip:                         |                         |
| Phone: ()  |  |                              |                         |
| I am requesting the follo                                  | wing changes be made to                                | my account:                  |                         |
| Update name to (first &                                    | last):   |                              |                         |
| Update primary phone t                                     | o: ()  |                              |                         |
| Update mailing address                                     | to:  |                              |                         |
| ADD this person to my a                                    | account (first & last name)                            | ):                           |                         |
| Relationship to custome                                    | er:  |                              |                         |
| Reason for addition:                                       |  |                              |                         |
| REMOVE this person to                                      | my account (first & last n                             | name):                       |                         |
| Relationship to custome                                    | er:  |                              |                         |
| Reason for removal:  |  |                              |                         |
| I, Member/Customer, hereby<br>and correct and has my conse | certify and affirm under the pen<br>ent to be changed. | alties of perjury that the a | bove information is tru |
| Signed:  |  |                              |                         |
| Print name:  |  | Date:                        |                         |
| Service address:   |  |                              |                         |



Completed forms can be **mailed to**: RWC, P.O. Box 245, Ramsey, Indiana 47166 Completed forms can be **dropped off**: RWC, 415 Highway 64 NW, Ramsey, Indiana 47166 Completed forms can be **emailed to**: <a href="mailed-ramseywater.com">ramseywater.com</a>