



Texas Operations & Professional Services

BILLING ADDRESS CHANGE FORM

MUD DISTRICT _____

NAME ON THE ACCOUNT _____

SERVICE ADDRESS _____

CURRENT BILLING ADDRESS _____

NEW BILLING ADDRESS _____

TELEPHONE NUMBER _____

ACCOUNT NUMBER _____

I, _____, AM REQUESTING THAT MY BILLING ADDRESS BE CHANGED TO THE NEW ADDRESS LISTED ABOVE. I UNDERSTAND THE NEW BILLING ADDRESS WILL BE EFFECTIVE THE NEXT BILLING CYCLE.

ON THIS _____, DAY OF _____, 20____.

(PRINTED NAME)

(SIGNATURE)

PLEASE E-MAIL COMPLETED FORM TO: customerservice@topswater.com

OR

PLEASE FAX COMPLETED FORM TO: (281) 807-9299