

**UTILITY BILLING
ACCOUNT CHANGE FORM**

Service Address: _____

Owner: _____ **Tenant:** _____ (Check one)

Customer Name: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ **Email Address:** _____

**PLEASE PROVIDE PHOTO ID WHEN RETURNING YOUR INFORMATION
ALL CHANGES REQUIRE A PHOTO ID**

Forms and photo ID can be returned to:

- **Utility Billing, 11th Floor, 161 W. Michigan Ave, Jackson, Michigan 49201**
- **waterbilling@cityofjackson.org**
- **Drop Box outside of City Hall**

Signature: _____
Property Owner **Date**

Print Name: _____ **SSN/Tax ID #:** _____

OFFICE USE ONLY: Driver's License: ____ State Issued Photo ID: ____ Passport: ____ Military ID: ____

Verified / Initial & Date: _____