



TOWN OF MONTREAT

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CHANGE OF ADDRESS FORM

Account Holder: _____ Account Holder: _____
(Primary) (Secondary)
Service Address: _____

CURRENT INFORMATION

Current Mailing Address: _____
City: _____ State: _____ ZIP: _____
Daytime Phone: _____ E-mail: _____

NEW INFORMATION

New Mailing Address: _____
City: _____ State: _____ ZIP: _____
Daytime Phone: _____ E-mail: _____
New Driver's License? Yes No New State and Number: _____

Alternate Address: _____
City: _____ State: _____ ZIP: _____
Alternate Phone: _____ Alternate E-mail: _____

Rental Agent: _____
Rental Agent Mailing Address: _____
City: _____ State: _____ ZIP: _____
Agent's Phone: _____ Agent's E-mail: _____

I hereby certify that the above is a true statement.

Customer Signature: _____ Date: _____

FOR OFFICE USE ONLY

Route #: _____ Sequence #: _____ Account #: _____
Input ICS: Input Address List: Sunshine List? Yes No