

Village of Bolivar
Water & Tax Department Change of Address

Moving In / Out (please circle one): **PLEASE MAKE SURE TO RETURN THIS FORM IN A SEALED ENVELOPE TO THE VILLAGE TOWN HALL OFFICE OR DROP BOX IN FRONT OF OFFICES.**

Resident1 First and Last Name: _____

Resident2 First and Last Name: _____

Service Address: _____

Mailing Address: _____

Move In/Out Effective Date: _____

Resident1 Social Security# _____

Resident2 Social Security# _____

Phone Number (best contact#): _____

Email Address: _____

Billing Preference (circle one): USPS Email

Are you the landlord or tenant or owner (please circle appropriate answer)

Turning On / Off (circle one) Water – Trash – Both (circle one)

Internal Use Only:

Notes: _____
