

CHANGE OF ADDRESS

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.**

Resident 1 First and Last Name: _____

Resident 2 First and Last Name: _____

Service Address: _____

Mailing Address: _____

Move In / Out Effective Date: _____

Resident 1 Social Security #: _____

Resident 2 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: _____

