

CITY OF MANNING



CHANGE OF MAILING ADDRESS REQUEST

NAME OF ACCOUNT HOLDER: _____

ACCOUNT # _____ PHONE # _____

SERVICE ADDRESS: _____

OLD MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

EFFECTIVE DATE: _____

SIGNATURE OF ACCOUNT HOLDER: _____

FOR OFFICAL USE ONLY

DATE RECEIVED: _____

INITIALS: _____

INSTRUCTIONS FOR COMPLETING
CHANGE OF MAILING ADDRESS REQUEST FORM

ITEM 1: PLEASE PRINT NAME AS IT APPEARS ON THE UTILITY ACCOUNT.

ITEM 2: PROVIDE ACCOUNT NUMBER AS IT APPEARS ON THE UTILITY BILL.

ITEM 3: PROVIDE TELEPHONE NUMBER WHERE YOU CAN BE REACHED.

ITEM 4: PROVIDE THE SERVICE ADDRESS OF THE UTILITY ACCOUNT AS SHOWN ON THE UTILITY BILL.

ITEM 5: PRINT OLD MAILING ADDRESS AS SHOWN ON UTILITY BILL.

ITEM 6: PRINT NEW MAILING ADDRESS WHERE BILL SHOULD BE MAILED.

ITEM 7: PRINT DATE NEW MAILING ADDRESS SHOULD GO INTO EFFECT.

ITEM 8: SIGNATURE OF THE ACCOUNT HOLDER OF RECORD.

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED TO:**
THE CITY OF MANNING
PO BOX 546
MANNING, SC 29102