



CITY OF BATTLEFIELD
5434 S TOWER DRIVE
BATTLEFIELD, MO 65619
(417) 883-5840
(417) 883-8189 Fax

Change Form

Please Print:

Today's Date _____

Service Address _____

Type of change

Name Change _____ Billing Address _____ Remove Name off Account _____ Add Co-Applicant _____

Name Change (ID or Court paperwork required) _____

New Billing Address _____

Name to be Removed (Documentation required) _____

Add Co-Applicant _____

Email Address _____

Telephone Number _____

Terms and Conditions

- We are separate from Public Water Supply District #1; you will need to inform them of any changes.
- Any Deposit given at the time service was established will stay with account. We will not refund part of a deposit for any reason.
- As of the date listed about all balance will be the responsibility of the customer listed on the account.

THE UNDERSIGNED CERTIFIES THAT HE/SHE UNDERSTANDS THE ABOVE STATEMENTS AND ALL OF THE ABOVE FACTS ARE TRUE AND HEREBY CONSENT(S) TO VENUE AND JURISDICTION FOR THE ENFORCEMENT OF THIS AGREEMENT IN BATTLEFIELD MUNICIPAL COURT

Printed Name _____

Signature _____

Date _____