WASCO
WATER & SEWERAGE COMPANY, INC.

CUSTOMER MASTERFILE CHANGE FORM

ACCOUNT NO:

_____

BILL CODE:

_____

PROPERTY ADDRESS:

_____

_____

POSTAL ADDRESS:

_____

TELE. HOME:

_____

CELL:

_____

EMAIL:

_____

IDENTIFICATION NO. (SS# / ID# / DL#):

_____

LOCATION OF PROPERTY:

_____

_____

CUSTOMER SIGNATURE: …… DATE: ……..

OFFICER SIGNATURE: ……..... DATE: ……..

COPY OF ID CARD MUST BE PRESENTED WHEN FORM IS SUBMITTED

CHANGES MUST BE PERFORMED BY ACCOUNT HOLDER OR WITH WRITTEN AUTHORIZATION