



Application to Change Mailing Address

Start Forwarding Date: _____

Account Number: _____

Personal Information: (State Identification, Driver License or Valid I.D and the last four digits of the Social Security number are required.)

If submitting by mail, e-mail or fax you must include a copy of your State ID or Driver License.

Primary Account Holder's Name	Social Security #	State ID/DL	Signature

Service Address: _____

Current Mailing Address

Address: _____ City: _____ State: _____ Zip Code: _____

New Mailing Address

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Please check and complete one:

- Owner
 Property Manager
 Renter

Is there a business operated from this service address? Yes No

(If yes, please fill out information below. Also, please submit the Business License Application/Update form located on www.cityofturlock.org)

Business Name	License Number	Signature	OFFICE USE

Signature _____ Printed Name _____ Date _____