



# Department of Public Works Water & Sewer Utility

W240N3065 Pewaukee Road • Pewaukee, WI 53072

Phone: (262) 691-0804 • Fax: (262) 691-5729 • publicworks@pewaukee.wi.us

## CHANGE OF NAME AND/OR ADDRESS FORM RESIDENTIAL UTILITY ACCOUNT

To request a change of name, mailing address, or secondary account holder on your utility bill, please complete this form and return to the address listed above, or email to [publicworks@pewaukee.wi.us](mailto:publicworks@pewaukee.wi.us).

**Service Address:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Name of Requestor:** \_\_\_\_\_

**Relationship to Account:**  Owner  Tenant  Other; Explain: \_\_\_\_\_

**Please make the following change(s):**

**Name Change (New):** \_\_\_\_\_

**Previous Name:** \_\_\_\_\_

**New Phone No:** (\_\_\_\_\_) \_\_\_\_\_ **Alternate No.:** (\_\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Mailing Address:** *(if different from Service Address)* \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Secondary Account Holder** ADD:  REMOVE:

*(Secondary Account Holders are authorized to access and make changes to account information.)*

**Name of Secondary:** \_\_\_\_\_

**Address:** *(if different from Service Address)* \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Alternate No.:** (\_\_\_\_\_) \_\_\_\_\_

***Please be advised that the Utility's billing program does not allow for retroactive changes, therefore, any requested change(s) will not take effect until this form is received at City Hall.***

**Effective Date:** *(Check one)*

The date this form is received at City Hall

The future date of \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Required)*

**Comments:** \_\_\_\_\_

OFFICE USE ONLY:		
Date Received: ____/____/____	Date Processed: ____/____/____	Initials: _____