|  |  |  |
| --- | --- | --- |
|  | Town of Tisbury  **Wastewater Department**  P.O. Box 788, 115 High Point Road  Vineyard Haven, Ma. 02568  Phone: (508) 696-4220 Fax: (508) 696-4221 |  |

|  |  |
| --- | --- |
| **Effective Date:** |  |

**CUSTOMER ACCOUNT UPDATE FORM**

**CHANGE OF ADDRESS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Account No:** |  | **Property ID:** |  |
|  |  |  | (Map/Parcel) |
| **Street Address:** |  | **Residential** | **Commercial** |
|  | (Street No. Street Name) |  |  |
|  |  |  |  |

**CURRENT ACCOUNT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Property Owner (Must be completed regardless of change type)** | | | |
| **Owner Name:** |  |  |  |
| **Mailing Address:** |  |  |  |
| **Phone 1:** |  | **Phone 2:** |  |
| **Email Address:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Owner / Renter** | | | |
| **Business Name:** |  |  |  |
| **Business Owner Name:** |  |  |  |
| **Mailing Address:** |  |  |  |
| **Phone 1:** |  | **Phone 2:** |  |
| **Email Address:** |  |  |  |

**ACCOUNT UPDATE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Owner**  **Business**  **Renter (Person Being Billed)** | | | |
| **Business Name:** |  |  |  |
| **Name:** |  |  |  |
| **Mailing Address:** |  |  |  |
| **Phone 1:** |  | **Phone 2:** |  |
| **Email Address:** |  |  |  |

**CARETAKER INFORMATION**

**(LIST IN ORDER OF PREFERED CONTACT ORDER IN AN EMERGENCY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  |  |  |
| **Phone 1:** |  | **Phone 2:** |  |
| **Name:** |  |  |  |
| **Phone 1:** |  | **Phone 2:** |  |
| **Name:** |  |  |  |
| **Phone 1:** |  | **Phone 2:** |  |

Completed forms may be submitted via email to [tisburyww@tisburyma.gov](mailto:tisburyww@tisburyma.gov)