

Fishertown Water Association

**PO Box149
Fishertown, PA 15539
(814) 839-4032**

Customer Information Change Form

ACCOUNT #: _____

DATE: _____

CURRENT Owner or Tenant

Owner's Name: _____

Physical Address: _____

Home Phone: _____ Work: _____ Cell: _____

NEW Owner or Tenant

Name: _____

Billing Address: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

In order for any changes, the owner must be notified and the account must be paid in full.

Water: Turn On - _____ Shut Off - _____ Date of turn on or shut off - _____

Total Balance Due on Account: _____ **Amount Paid:** _____

Date Paid in Full: _____ Cash _____ Check # _____ M.O. _____

I agree that the above information is correct to the best of my knowledge, and that the account is paid in full before any of the changes can be made. I have notified all the parties involved with this account.

NAME: _____

(Print)

SIGNATURE: _____