CITY OF CARO

NAME AND ADDRESS CHANGE FORM

EFFECTIVE: 11/05/09

EFFECTIVE DATE OF CHANGE: _________________________________________

NAME & ADDRESS TO BE CHANGED FROM:

NAME: _____________________________________________ ___________________
ADDRESS: __________________________________________ ______________________
                                                                                           _______________________________________
CITY, STATE, ZIP-CODE: ____________________________ ________________________
PHONE NUMBER: _____________________________________ _____________________

NAME & ADDRESS TO BE CHANGED TO:

NAME: _____________________________________________ ___________________
ADDRESS: __________________________________________ ______________________
                                                                                           _______________________________________
CITY, STATE, ZIP-CODE:  ___________________________ ____________________
PHONE NUMBER: _____________________________________ _____________________

SERVICE ADDRESS IF DIFFERENT THAN MAILING ADDRESS:
____________________________________________________________________________

UTILITY BILLING ACCOUNT NUMBER: ___________________ ______________________
PARCEL NUMBER: ____________________________________ ______________________
REASON FOR CHANGE: __________________________________________________________________________________________

_____ BUSINESS    _____ RESIDENCE

COPY SENT TO: _____ COUNTY TREASURER

SIGNATURE OF OWNER: ______________________________________________________

DATE: ________________________________