


~ City of Harrington ~

CHANGE OF ADDRESS REQUEST
(requests can only be made by owner of the property)

UTILITY ACCOUNT NO.: _____
TAX MAP NUMBER: _____

CURRENT INFORMATION:

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

CHANGES:

NAME*: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
EMAIL(*optional*): _____

DATE: _____
SIGNATURE: _____

**Form must be accompanied by a copy of a state or federally issued photo ID with signature.*