

WILDERNESS PUBLIC SERVICE DISTRICT

**Request for Change of: _____ Mailing Address, _____ Phone No.
_____ Name Update Due to Marriage, Divorce, or Death, _____ Other**

Customer Name: _____ Account No. _____

Last four digits of SSN: _____ Drivers' License No.: _____
(for account verification)

Phone No.: _____

Name Update: _____

Physical Address of Service Location:

Current Mailing Address:

New Mailing Address:

Effective Date: _____

Customer Signature: _____

Office Use

Account Updated: _____