

City of Beacon Change of Address Form (Water/Sewer Only)

Return to: City of Beacon Accounts Receivable

1 Municipal Plaza (Suite 1)

Beacon, NY 12508

(845)838-5000

Date: _____

Name of the Property Owner: _____

Property Address: _____

Account # _____ Grid # _____ - _____ - _____

Current Billing Address

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Requested Billing Address

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

(Must be the owner, mortgagee or legal representative.)

Please attach documentation.

X _____ Phone # _____

Signature of the owner or legal representative