

**CITY OF WARREN, MICHIGAN
WATER UTILITY BILLING
ADDRESS CHANGE**

DATE _____

SERVICE ADDRESS _____

BILL TO NAME & ADDRESS _____

REQUESTED BY _____

Return completed form by way of:

Fax Number 586-759-9222

Mail/In Person City of Warren Water Accounting (4th floor)
 One City Square, Suite 420
 Warren, MI 48093

For Internal Use Only

Changed by _____

Date _____