

CITY OF MANNING



CHANGE OF ADDRESS REQUEST

1. **NAME:** _____
2. **TELEPHONE NUMBER:** _____
3. **SERVICE ADDRESS:** _____
4. **ACCOUNT NUMBER:** _____
5. **METER NUMBER:** _____
6. **PREVIOUS MAILING ADDRESS:** _____
7. **NEW MAILING ADDRESS:** _____
8. **EFFECTIVE DATE OF CHANGE:** _____
9. **SIGNATURE:** _____

FOR OFFICE USE ONLY

DATE ENTERED: _____

ENTERED BY: _____

**INSTRUCTIONS FOR COMPLETING
CHANGE OF ADDRESS REQUEST FORM**

ITEM 1: PROVIDE THE NAME AS IT APPEARS ON THE UTILITY ACCOUNT.

ITEM 2: PROVIDE A TELEPHONE NUMBER WHERE YOU CAN BE REACHED DURING NORMAL WORKING HOURS.

ITEM 3: PROVIDE THE PHYSICAL ADDRESS WHERE THE UTILITY SERVICE IS PROVIDED.

ITEM 4: PROVIDE THE ACCOUNT NUMBER AS IT APPEARS ON THE UTILITY BILL.

ITEM 5: PROVIDE THE METER NUMBER AS IT APPEARS ON THE UTILITY BILL.

ITEM 6: PROVIDE THE MAILING ADDRESS AS IT APPEARS ON THE PRESENT UTILITY BILL.

ITEM 7: PROVIDE THE NEW ADDRESS WHERE YOU WISH FUTURE BILLS MAILED.

ITEM 8: ENTER THE DATE REQUESTED FOR THIS CHANGE TO BE EFFECTIVE.

ITEM 9: SIGNATURE MUST BE THAT OF INDIVIDUAL HOLDING ACCOUNT.

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED TO
THE CITY OF MANNING
PO BOX 546
MANNING, SC 29102**