

Atomic City

P.O. Box 34
Atomic City, ID 83215

BILLING NAME/MAILING ADDRESS CHANGE FORM

Account Number: _____ Current Billing Name: _____

Service Address

Mailing Address (If different from Service Address)

If requesting to change Mailing Address, please complete this section:

Mailing Address: _____

If requesting a Billing Name change, please complete this section:

New Billing Name: _____
Date of Change: _____ S.S.N. # or Date of Birth: _____

Reminder:

- Water bills are due on/before the 10th every month.
- Failure to pay bill will result in water being terminated. A reconnection fee of \$75.00, plus any unpaid balance including late charges must be paid in full to get service re-established. (City Ordinance NO. 2012-7 Section 10A and 10B)

Signature

Date