

BROOKSHIRE MUNICIPAL WATER DISTRICT

UPDATE REQUEST / MAILING CHANGE

Account Number: _____

Account Holder Name: _____

Service Address: _____

New Mailing Address: _____

Phone Number: _____

Email: _____

Do you wish to receive?

****Billing Notification****

Y/N

(Provides information regarding the water bill)

****General Notification****

Y/N

(Provides information regarding the water festival, bad weather alerts, boil water notices and leak repairs)

Email Billing

Y/N

Email Late Notice

Y/N

******* MUST MAIL ALL CUTOFF NOTICES *******

All bills are due on the 16th of each month, failure to receive bill and / or notifications does not waive any penalties.

Account Holder Signature

Date

Employee Signature

Date