City of Brentwood

REQUEST TO CHANGE WATER/SEWER ACCOUNT INFORMATION

ACCOUNT ID NUMBER: _____

NAME AS IT APPEARS ON ACCOUNT: _____

- **TO TERMINATE SERVICE**

  Effective Date: _____

  Forwarding Address: _____

  _____

- **TO CHANGE MAILING ADDRESS**

  Current mailing address: _____

  _____

  New mailing address: _____

  _____

- **TO CHANGE BANK DRAFT INFORMATION**

  Current bank information on file: BANK NAME _____

  ROUTING # _____

  ACCT # _____

  New bank information: BANK NAME _____

  ROUTING # _____

  ACCT # _____

  Please include a copy of a check from the new bank

- **TO CHANGE THE NAME ON THE ACCOUNT**

  If you wish to add or delete a name to this account please indicate below how would you like the name to appear. (Changes only, to transfer service to a new owner, a service contract must be completed.)

  _____

DATE: _____ SIGNATURE: _____

PHONE NUMBER: _____

MAILING ADDRESS: 5211 Maryland Way, Brentwood, TN 37027
EMAIL: wsbilling@brentwoodtn.gov
PHONE: 615-661-7061
FAX: 615-507-2734