



Tontitown Water
PO Box 127
Tontitown AR 72770
79-361-2700 billing@tontitownar.gov

REQUEST TO CHANGE ACCOUNT INFORMATION

Date: _____

Account # _____

Please complete the following information so we can update our records

Customer Name: _____ Service Address: _____

Phone Number: _____ Home Cell Other: _____

Email: _____

Please change the following information:

New Mailing Address: _____

Solid Waste Change: 4 Bag 8 Bag 12 Bag
 Yellow Bag (Required copy of driver's license)

Other Changes: _____

Make changes effective as of: _____
(date)

Printed Name: _____ **Signature:** _____