



**Tontitown Water**  
**PO Box 127**  
**Tontitown AR 72770**  
**79-361-2700** [billing@tontitownar.gov](mailto: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:** \_\_\_\_\_  
\_\_\_\_\_

☐ **Other Changes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Make changes effective as of:** \_\_\_\_\_  
(date)

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_