

WATER BILLING ACCOUNT CHANGE FORM

NOTE: DEPARTMENT WILL CONTACT CUSTOMER IF ANY VERIFICATION OR ADDITIONAL INFORMATION IS REQUIRED

Please call (808) 270-7730, Option 1, for any account changes not listed on this form

DATE: _____ YOUR NAME: _____

ACCOUNT#: _____

SERVICE ADDRESS: _____

ACCOUNT HOLDER'S NAME: _____

PLEASE COMPLETE ALL CONTACT INFO. & CHECK BOX FOR PREFERRED METHOD:

PHONE#: _(____)_____ EMAIL: _____

U.S. POSTAL SERVICE MAILING ADDRESS: _____

TRANSFER/START SERVICE (Completed Application for Water Service will be sent to you for signature)

NEW OWNER TENANT (DEPOSIT REQUIRED) START DATE: _____

BILLING ADDRESS: Service Address Other: _____

ADD NAME TO ACCOUNT (Completed Application for Water Service will be sent to you for signature)

NAME TO ADD: _____

RELATIONSHIP TO ACCOUNT HOLDER: _____

IS ADDED PERSON ON PROPERTY'S TITLE? YES or NO

PHONE #: _(____)_____

STOP SERVICE

REASON TO STOP SERVICE: _____

IF DUE TO SALE OF PROPERTY, BUYER'S NAME: _____

STOP DATE: _____

FORWARDING MAILING ADDRESS (for Closing Bill): _____

Send this completed form to **DEPARTMENT OF WATER SUPPLY**

via email: cs.dws@mauicounty.gov

or mail to: **200 SOUTH HIGH ST, WAILUKU, HI 96793; ATTN: CUSTOMER SERVICE**

Thank you very much