

RIVERSIDE SPECIAL UTILITY DISTRICT

Change of Address Form

NAME: _____

ACCOUNT #: _____ METER#: _____

OLD ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

NEW ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

SIGNATURE: _____ DATE: _____