



## Residential Account: Change of Address Request

Please complete the following form to request a change of billing address.

Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

Name on account:		Primary Phone:	
Email:			
<b>Current Mailing Address:</b>			
Street Address:			
City:	State:	Zip Code:	
<b>New Mailing Address:</b>			
Street Address:			
City:	State:	Zip Code:	

Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please mail, e-mail or fax your request to:**

City of Bullard  
ATTN: Utility Billing  
P.O. Box 107  
Bullard, TX 75757

Phone: (903) 894-7223  
Fax: (903) 894-8163  
Email: [Utilities@bullardtexas.net](mailto:Utilities@bullardtexas.net)

### For Office Use Only

Received/Completed By: _____	Date: _____
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