



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:		
Current Mailing Address:		
Street Address:		
City:	State:	Zip Code:
New Mailing Address:		
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

For Office Use Only

Received/Completed By: _____ Date: _____