



**CHANGE OF CUSTOMER INFORMATION FORM**

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

Name on Account: \_\_\_\_\_

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

Service Address: \_\_\_\_\_

**UPDATED ACCOUNT INFORMATION:**

Mailing address \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Other: \_\_\_\_\_

Person's Name Filling Out this Form: \_\_\_\_\_

*Please mail, fax, email or hand deliver to:*

**CITRUS COUNTY UTILITIES**

**3600 W Sovereign Path**

**Lecanto, FL 34461**

**PHONE: (352) 527-7650**

**FAX: (352) 527-7644**

**Email: [waterresources@citrusbocc.com](mailto:waterresources@citrusbocc.com)**