

MAILING ADDRESS CHANGE FORM



**CITY OF LAMPASAS
PUBLIC UTILITIES**
312 East Third Street, Lampasas, Texas 76550
512-556-3641/fax 512-556-2074

Customer Name: _____

Account Number: _____

Phone # _____

CURRENT MAILING ADDRESS

Address _____

City _____ **State** _____ **Zip** _____

NEW MAILING ADDRESS

Address _____

City _____ **State** _____ **Zip** _____

Signature _____ **Date** _____

DL# _____ **DOB** _____

FOR OFFICE USE ONLY

Received by: _____ **Date** _____ **Address changed** _____