



**391North Rangeline Road**  
**Columbia MO 65201**  
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### Change of Mailing Address Form

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

Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will this just be a change of address: yes / no**

**Will you be moving out and need a disconnect: yes / no**

**If yes what day is disconnect needed? \_\_\_\_\_**

**Please call the District office to finalize the “move out” process.**

**Please sign and print at bottom of page.**

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**IF YOUR LAST NAME HAS RECENTLY CHANGED PLEASE COMPLETE AND RETURN THIS FORM TO THE OFFICE WITH A COPY OF A PHOTO ID THAT HAS YOUR NEW NAME LISTED.**

Name currently on account: \_\_\_\_\_

Account #: \_\_\_\_\_ Parcel #: \_\_\_\_\_

New name needed on account: \_\_\_\_\_

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**(Please Sign and Print)**