

**DESTIN WATER USERS, INC.
CHANGE OF MAILING ADDRESS**

DATE:_____ ACCOUNT NUMBER:_____

MEMBER(S) NAME:_____

SERVICE ADDRESS:_____

NEW MAILING ADDRESS:

STREET_____ APT_____

CITY_____ STATE_____ ZIP_____

CONTACT TELEPHONE NUMBER:_____

WHO IS MAKING THIS REQUEST:_____

SSN #:_____ DL#_____

**I WOULD LIKE TO RECEIVE MY STATEMENT VIA E-BILL
INSTEAD OF VIA THE MAIL**

EMAIL ADDRESS: _____