

Address Change



1519 NE 177th St  
PO Box 55367  
Shoreline, WA 98155

Phone: 206-362-8100  
Fax: 206-361-0629  
Email: [billing@shorelinewater.org](mailto:billing@shorelinewater.org)  
[www.shorelinewater.org](http://www.shorelinewater.org)

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

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

I, \_\_\_\_\_, request my billing address be changed as follows.

Previous Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

New Mailing Address:

Use Service Address

**OR**

Use Following Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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