

Address Change



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

Phone: 206-362-8100
Fax: 206-361-0629
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: _____