

ACCOUNT AND PROPERTY CHANGES

Call Date: _____

Effective Date: _____

Account No.: _____

Service Address: _____

Old Name: _____

New Name: _____

Owner Renter

Owner Renter

Billing Address: _____

Billing Address: _____

City/State: _____

City/State: _____

Phone No.: _____

Phone No.: _____

Realtor: _____

Phone No.: _____

Notes:

PLEASE SUBMIT FORM TO:

LCWSD
253 BIERNEY CREEK ROAD
LAKESIDE, MT 59922
Fax: 406-844-3996
Office: 406-844-3881
E-Mail: bdotson@lcwsd.net