



KINGSTON WATER DEPARTMENT CHANGE OF ADDRESS FORM

CURRENT INFORMATION

CUSTOMER ACCOUNT #: _____

PROPERTY LOCATION: _____

CUSTOMER NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

NEW INFORMATION

CUSTOMER NAME: _____

NEW MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT INFORMATION

PHONE #: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

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