

SANITARY DISTRICT No. 1, TOWN OF WILSON

**5935 South Business Drive
Sheboygan, WI 53081-8983**

Phone: 920-694-0088

Fax: 920-452-0548

Request for Name and Address Change

Today's Date: _____ Information provided by _____

Phone Number: _____

To request a name change or billing address change to the quarterly sewer bills please complete the following form and either fax or mail to the above address.

Reason for change: Transfer of ownership Property Vacant New Renter Foreclosure
 Seasonal home New billing address Other _____

Effective Date: _____

Closing Date: _____

Account or Parcel #: _____

Property Address: _____

New Owner(s) Name: _____

Previous Owner(s) Name: _____

Old Billing _____ New Billing _____
Address: _____ Address: _____

For Sanitary District Use Only

How were we notified? _____

ACH? Yes No N/A

Who took the information? _____

CWI? Yes No N/A

Date Entered in UB PRO: _____ by _____