

**CITY OF BELLEVIEW
5343 SE ABSHIER BLVD
BELLEVIEW, FLORIDA 34420
(352) 245-7021 EXT 2101 – OFFICE
(352) 245-6532 – FAX
BUSINESS HOURS M-TH 7AM – 6PM**



CUSTOMER ACCOUNT CHANGE REQUEST

DATE: _____ ACCT#: _____

() NAME

FROM: _____

TO: _____

() MAILING ADDRESS

FROM: _____

TO: _____

CUSTOMER SIGNATURE _____

(Must be signed by the same person who opened the account)

DATE SIGNED: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____, who () is personally known to me or () who has produced a _____ Driver's License as identification.

NOTARY PUBLIC

My Commission Expires:

My Commission Number:

DATE RECEIVED BY THE CITY OF BELLEVIEW: _____

POSTED BY _____ DATE _____