REQUEST FOR CHANGE OF ADDRESS (Please Complete Entire Top of Form)

Village Street Address (Location): W/S Acct #	Requested By:		EFFECTIVE DATE:
	Former (Current) Name,	/Address:	Updated (Corrected) Name/Address
Owner(s) Contact Number (required) Owner(s) Signature (required) FOR OFFICE USE ONLY:	Village Street Address (I	Location):	W/S Acct #
FOR OFFICE USE ONLY: Entered into FlexiBill:			Tax ID #20
FOR OFFICE USE ONLY: Entered into FlexiBill:	Owner(s) Contact Numb	per (required)	Owner(s) Signature (required)
Entered into FlexiBill:			
Entered into Tax Roll: (Date) (Date) "The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname." Ethnicity: Hispanic or Latino Not Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander Male Female We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability or any other legally protected status.			
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