



City of Chicago
Department of Finance
Water Billing & Collections
333 S. State St, Suite 330
Chicago, Illinois 60604

Owner Name/Mailing Address Change Form

*Account Number: _____
Customer Code Premise Code

*Premises Address: _____

*Current Owner Name: _____
(as currently listed on bill) Last First

* Property Index Number: _____ - _____ - _____ - _____ - _____
(Found on Property Tax Bill)

*Phone Number: _____ Email Address: _____

If requesting to change Mailing Address, please complete this section:

Mailing Address: _____
Number Dir Street Suite #/Floor
City State Zip Code
Attention Name

If requesting to change owner name, please complete this section:

*New Owner Name: _____
Last First

*Date of Purchase/Closing: _____

*Was a Full Payment Certificate obtained Yes/No? _____

Please note: If the Department does not have a record of the Full Payment Certificate from your closing, you may be required to provide us with a copy of the deed, closing statement and/ or full payment certificate.

The undersigned Applicant on oath deposes and says that (s)he is responsible for water bills for above premise and that (s)he is subject to penalties for perjury for falsification herein.

Print Name: _____

Signature: _____ Date: _____

**Required Field*