

CHANGE OF ADDRESS REQUEST

Please change the mailing address for account # _____,
in the name of _____

to: _____

Signature of Owner/Representative

NOTE: Please print out form, complete and mail to: Dare County Water, 600 Mustian Street, Kill Devil Hills, NC 27948 or fax to (252) 441-2239. If you have any questions, please feel free to call our billing office at (888) 998-9283 or (252) 475-5990. Thank you.