

**WILBURTON PUBLIC WORKS AUTHORITY - CURRENT RESIDENT UPDATE**

Account Holder Name & SSN: \_\_\_\_\_

Service Address: \_\_\_\_\_

Residential: \_\_\_ Business: \_\_\_

Name and SSN of All Other ADULTS Living in The Household:

\_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

How would you like to receive your bill?    Mail [ ]    OR    Email [ ]

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name and Phone Number:

\_\_\_\_\_

**I DECLARE THAT THE DETAILS FURNISHED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE**

\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

**DATE**