

CITY OF AMITY

109 Maddox Avenue
P.O. Box 159
Amity, OR 97101

Ph: (503) 835-3711
Fax: (503) 835-3780



CHANGE OF ACCOUNT INFORMATION FOR UTILITY BILLING

Date: _____

Account No: _____

Effective Date of Change: _____

Current Name on Account: _____

Change Name to: _____

Service Address: _____

Phone Number: _____

Old Mailing Address: _____

New Mailing Address: _____

Signed by Property Owner/Tenant:

Please mail or e-mail to:

City of Amity
PO Box 159
Amity, OR 97101

mgreisen@ci.amity.or.us

Office Use Only

Driver's License Number: _____

Driver's License Verified: _____ by _____