

**BERLIN CHARTER TOWNSHIP  
WATER DEPARTMENT  
SERVICE CHANGE FORM**

\_\_\_\_\_ New Service Requested

\_\_\_\_\_ Mailing Address Change

\_\_\_\_\_ Name Change Only  
(No Final Read Necessary)

\_\_\_\_\_ Request for Final Read

---

Date: \_\_\_\_\_

Clerk Initials: \_\_\_\_\_

Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
(if different from Service Address)

Final Bill Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Requested Date for Change: \_\_\_\_\_

Customer Signature: \_\_\_\_\_