

**HMW SPECIAL UTILITY DISTRICT**

PO BOX 837  
PINEHURST, TX 77362  
281-356-5060

**ADDRESS CHANGE FORM**

Account No:		Date:	
Customer Name			
Mailing Address City, State, Zip			
E-Mail Address			
Service Address			
Phone Number:			
Identification			

By signing below, I agree that a request has been filed to change the mailing address for utility bills for the service address listed above. I understand that I must include identification information regarding the account such as my driver's license number, last four digits of my social security number or other forms of acceptable identification such as Tax ID or passport. Failure to provide appropriate identification information will result in no changes to the account address.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
HMW Personnel Signature