

# JOE LOUIE WATER ASSOCIATION

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## Account Information Change Request

DATE RECEIVED: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ MEMBERSHIP CERTIFICATE #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

REQUESTORS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ BILLING ADDRESS CHANGE (IF DIFFERENT THAN SERVICE ADDRESS):

Previous Billing Address: \_\_\_\_\_

New Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ NAME CHANGE ONLY:

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

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

Phone Number: \_\_\_\_\_ Reason for Change: \_\_\_\_\_

Supporting Documentation Provided: \_\_\_\_\_

\_\_\_\_\_ TRANSFER OF OWNERSHIP:

Previous Owner: \_\_\_\_\_

New Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Reason for Transfer: \_\_\_\_\_

Support Documentation Provided (Warranty Deed, etc.): \_\_\_\_\_

Owner Signature (If Required): \_\_\_\_\_ Date: \_\_\_\_\_

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(ADMINISTRATIVE USE ONLY)

PROCESSED BY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

RECORDING DATE: COMPUTER \_\_\_\_\_ CERTIFICATE \_\_\_\_\_