

T.L.R.S.D.
BILLING UPDATE NOTIFICATION

DATE OF NOTIFICATION: _____ PROJECT: _____

REPORTED BY: _____

CURRENT INFORMATION: OWNER / TRAILER PARK _____

CUSTOMER: _____

BILLING ADDRESS: _____

City State Zip code

SERVICE ADDRESS: _____

TELEPHONE: (____) _____ or (____) _____

NEW INFORMATION: OWNER / TRAILER PARK _____

Owners Phone # _____

CUSTOMER: _____

BILLING ADDRESS: _____

City State Zip code

SERVICE ADDRESS: _____

TELEPHONE: (____) _____ or (____) _____

ADDITIONAL COMMENTS: _____

FOLLOW UP NEEDED

FOR OFFICE USE ONLY:

ENTERED: _____ CUSTOMER DATABASE: _____
Date Initials

ENTERED: _____ KEYSTONE BILLING: _____ ACCOUNT # _____
Date Initials

ACH CUSTOMER _____ COMMENTS _____

OLD ACCOUNT # _____ NEW ACCOUNT # _____

ORIGINAL COPY - CUSTOMER GRINDER FILE: AREA _____ GU# _____

PARCEL OR TAX ID # _____ COUNTY _____

MAIN PARCEL # _____

PRIOR CUSTOMER IS NON-COMPLIANT SEND NEW OWNER INFO