



DATE \_\_\_\_\_

NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

LAST DAY AT ADDRESS \_\_\_\_\_

MAIL FORWARDING ADDRESS \_\_\_\_\_

(Please include City, State, Zip Code)

Please note that this is for your last month's utility bill through the City of Valley Center.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

P.O. BOX 188 VALLEY CENTER, KS 67147 PH. 316.755.7310 FAX 316.755.7319