



**WATER AND SEWER DIVISIONS
DEPARTMENT OF PUBLIC UTILITIES**

Town of Wallingford
377 South Cherry Street
Wallingford, Connecticut 06492
Telephone: 203-949-2666

CHANGE OF ADDRESS REQUEST

Today's Date _____

Re: Account Number _____

Service Address _____

Please change my mailing address;

From: _____

To: _____

Signed (Owner)

Name

Phone Number

Please **email** completed form to: wscustomer@wallingfordct.gov

or **fax** to: 203-949-2678

or **mail** to: 377 South Cherry Street, Wallingford, CT 06492