



CHANGE OF ADDRESS • ADD/CHANGE A NAME(S)

Customer Service: (530) 743-4657

Please complete this form and return it by one of the following means:

Deliver to: 1970 9th Avenue, Olivehurst, CA 95961
Mail to: P.O. Box 670, Olivehurst, CA 95961
Fax to: (530) 743-3023
Email to: opud@opud.org

DO NOT USE THIS FORM IF YOU ARE SIGNING OUT OF SERVICE - Refer to the Sign-Out-Of-Service form link at www.opud.org for the correct form or call 530-743-4657. If you move out of the Olivehurst Public Utility District [OPUD] please notify the OPUD Business Office to close your account in writing. If you do not notify the OPUD Business office your service will continue to incur charges in your name.

THE UNDERSIGNED SUBSCRIBER WANTS OPUD TO MAKE THE FOLLOWING RECORD CHANGE ON THE WATER AND/OR SEWER SERVICES FOR THE PREMISES NOTED HEREON AND PROMISES OPUD TO CONTINUE TO PAY AS AGREED IN ACCORDANCE WITH OPUD'S SCHEDULE OF RATES WHICH SHALL FROM TIME TO TIME BE LEGALLY IN EFFECT FOR THE PURPOSE FOR WHICH THE SERVICE IS TO BE USED. THE UNDERSIGNED SUBSCRIBER ALSO AGREES TO CONFORM TO AND ABIDE BY OPUD'S RULES AND REGULATIONS IN FORCE.

CHECK WHICH APPLIES: Remove a Name Add a Name Mailing Address Change
 Name Change (*Must provide legal document to show name change*)

DATE _____ NAME ON ACCOUNT _____

SERVICE ADDRESS _____ ZIP _____

REASON FOR CHANGE _____

NAME TO ADD/REMOVE/CHANGE _____ ZIP _____

NEW MAILING ADDRESS _____ ZIP _____

EFFECTIVE DATE OF CHANGE ____/____/____ PHONE #(s) (____)____ - _____

EMAIL: _____

CHECK WHICH APPLIES:
 OWNER RENTER SIGNATURE _____

FOR OPUD OFFICE ONLY:		ACCT #: _____
System Entry Completed <input type="checkbox"/>		Completed By: _____
Name Change – Document Provided <input type="checkbox"/>		Date: _____
COMMENTS:		