Olivehurst Public Utility District

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)
□ Remove a Courtesy Copy of Bill (Name & Address Below)

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 □
Name Change – Document Provided □
COMMENTS:

Completed By: ________
Date: ____________

OPS.004_rev.12.29.2011 |CHANGE OF ADDRESS●ADD-CHANGE A NAME(S)