



CHANGE OF INFORMATION Baker City Water Department

CURRENT ACCOUNT INFORMATION

Name _____
Service Address _____
Account No. _____
Driver's License No. _____ It must match number on file for changes to take effect.

INFORMATION REQUESTED TO BE UPDATED

Name Change _____

Mailing Address Change

Phone Number Change _____

Signature

Date

*** Form must be completed and signed for changes to take effect.

*** Please note that we cannot add or change customers with this form. Please come in to City Hall with current photo identification.

To submit this form:

- Mail or bring to: Baker City Hall, 1655 First St – P.O. Box 650, Baker City, OR 97814
- Fax to: (541) 524-2061
- Email to: finance@bakercity.gov

If you have any questions, please contact Baker City Water Department at (541) 523-6541.