

## **UPDATE OF ACCOUNT INFORMATION**

PLEASE PRINT ALL INFORMATION
ervice Address:
LEASE UPDATE THE FOLLOWING INFORMATION:
ervice Holder's Name:
eason For Name Change:
aytime Phone Number:
ew Mailing Address:
ity: Zip Code:
ew Place of Employment:
ew Business Phone Number:
erminate Automatic Bill Payment As Of:

Please mail, e-mail, or fax a completed form to:

## MAIL:

Board of Water Supply Call Center 630 South Beretania Street Honolulu, HI 96843

E-MAIL:

customerservice@hbws.org

FAX:

(808) 550-5566