



Address Change

Utility Account # _____

Name on Account _____ - mail _____

Phone #: _____

Service Address _____ City _____

Mailing Address _____ City _____

Effective Date _____ Signature _____

OFFICE USE ONLY

Completed By _____ Date Completed _____

UTILITY BILLING OFFICE
TOWN OF SOUTHERN PINES
180 SW BROAD STREET
SOUTHERN PINES, NORTH CAROLINA 28387

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