



PASCOAG
UTILITY DISTRICT

253 Pascoag Main Street
PO Box 107
Pascoag, RI 02859

Phone: 401-568-6222
Fax: 401-568-0066
www.pud-ri.org

Address Change Request Form

Customer's name: _____

Phone Number: _____

Cell Number: _____

Email Address _____

Electric account number: _____

Water account number: _____

Service Address: _____

Customer Mailing Address: _____

City: _____ State: _____ Zip code: _____

Driver's License number: _____

Customer Date of Birth: _____

I hereby certify that I am the customer of record for the account specified above, and that I am requesting address change for the account number(s) listed above.

Signature _____ Date _____