

# D & M WATER SUPPLY CORPORATION

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## CHANGE OF INFORMATION

Member Account Number: \_\_\_\_\_

Owner/ Member Name(s): \_\_\_\_\_

Member Account Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### INFORMATION CHANGE

(Provide Government Issued ID, Legal Documentation, or proof of change)

Owner/ Member Name(s): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner/ Member State DL/ ID #: \_\_\_\_\_ D/O/B: \_\_\_\_\_  
(Provide Copy)

Owner/ Member State DL/ ID #: \_\_\_\_\_ D/O/B: \_\_\_\_\_  
(Provide Copy)

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner/ Member's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_