



Account Information Update Request

Account Number _____

Service Address _____

Customer Name _____

Requested Changes to Account

Customer Name _____ Spouse Name _____

Mailing Address _____

City, State, Zip _____

Home Phone _____ Cell / Business / Emergency Phone _____

Primary Email address _____

Secondary Email address _____

Paperless Billing Y* N

*Please be aware that by selecting paperless you will not receive a statement in any form.

If you are signed up for Auto Pay through Xpress Bill Pay (www.xpressbillpay.com) you can request an e-mailed reminder that your bill is available to view online, but will be required to log in to see the billing.

Signature of Account Holder

Printed Name

Date

For City of White Salmon Use Only:

Account updated by _____ Date _____

Account reviewed by _____ Date _____

PO BOX 2139
100 N MAIN ST
White Salmon, WA 98672

OFFICE: (509) 493-1133
Web Site: www.whitesalmonwa.gov

The City of White Salmon is an equal opportunity employer and provider.