

SANITARY DISTRICT NO. 4 – TOWN OF BROOKFIELD

645 North Janacek Road, Brookfield, Wisconsin 53045

Mailing: P.O. Box 1296, Brookfield, WI 53008-1296

Office: 262.798.8631 Fax: 262.796.0339

**REQUEST FOR TEMPORARY CHANGE OF BILLING ADDRESS
RESIDENTIAL ONLY**

Account Number _____

Property Owner's Name _____

Property Owner's Address
(should be same as address being served) _____

Please change the name on my
Utility billing from "Current Resident"
To: _____

Temporary Mailing Address _____

I am making this request because I will not be at my property address for a considerable length of time. Please send my utility bill, in my name, to the above-listed address. I understand that, upon my return, I must once again contact the Sanitary District by completing the form below so that the name on my utility billing can be changed back to "Current Resident", and my address back to my Town of Brookfield property.

Owner's Signature _____ Date _____

**Mail (P.O. Box 1296, Brookfield, WI 53008-1296), fax (262-796-0339)
or bring this form to our office located at the town hall, 645 N. Janacek Road, Brookfield.**

----- **CUT HERE & SUBMIT WHEN YOU RETURN** -----

Account Number _____

Property Owner's Name _____

Property Owner's Address
(should be same as address being served) _____

Please change my utility billing address back to "Current Resident", at my Town of Brookfield Address. Thank you.

Owner's Signature _____ Date _____

**Mail (P.O. Box 1296, Brookfield, WI 53008-1296), fax (262-796-0339)
or bring this form to our office located at the town hall, 645 N. Janacek Road, Brookfield.**