



TOWN OF ATLANTIC BEACH

125 WEST FORT MACON ROAD
ATLANTIC BEACH, NORTH CAROLINA

**WATER/SOLID WASTE FEE ACCOUNT
ADDRESS CHANGE**

Service Address: _____

Account Number: _____ Effective Date: _____

Name: _____

New mailing address:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other Phone: _____

Signature _____ Date: _____

Please return form to: Town of Atlantic Beach
PO Box 1094
Atlantic Beach, NC 28512
FAX: 252-726-7603